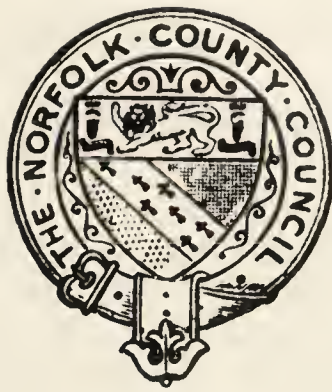


NORFOLK COUNTY COUNCIL

Annual Report

of the

**COUNTY MEDICAL OFFICER
FOR 1956**



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PREFACE

The population of the administrative county, as estimated by the Registrar General (379,900), shows an increase of 2,600 over the previous year. In 1931, the figure was 320,030. There has thus been an increase in the population of nearly 60,000, or rather more than 15%, in the last 25 years, during which period the acreage has been slightly reduced by transfer to other authorities.

Generally speaking, the health of the county remains good and advances in preventive and curative measures, together with improved environmental conditions, have resulted in reduced morbidity and mortality and a longer expectation of life. Three-quarters of the deaths in 1956 were of persons 65 years of age and over.

The birth rate was higher than in the previous year and infant mortality again fell to a record low figure, which is now less than one fifth of what it was fifty years ago. The death rate, after adjustment for age and sex distribution, was slightly lower than last year and considerably less than the national figure.

For some years, Norfolk has taken pride in the fact that a greater proportion of confinements are domiciliary rather than institutional. Attention has recently been drawn to the desirability of admitting more of the difficult cases to hospital and doctors and midwives are duly mindful of this; but even so it will be noted that in the year under review there was a further slight increase in domiciliary confinements. This helps hospital management committees to keep maternity accommodation available for the type of case really needing institutional care.

After some slight initial opposition, mothercraft classes have been commenced, mainly in local health offices, with the co-operation of the medical practitioners. The district nurse/midwives and health visitors work to a general syllabus drawn up in consultation with the local obstetric consultants and the classes, which include a talk for expectant fathers, certainly appear to be very popular.

We have now had a second full year of the operation by local health authorities of the national welfare foods scheme. Much of the work is carried out by voluntary distributors, many of whom are shop keepers, and since the taking over of this scheme by the county, the up-take of these foods has been well maintained.

The dental staff is still inadequate in numbers to provide a comprehensive service for expectant and nursing mothers and pre-school children, but every effort is made to meet the needs of these priority classes and there was a small increase in the total number treated compared with last year.

The need for additional qualified health visitors continues, although it is not expedient to attempt to provide an entirely separate health visiting service in this county. The policy is to appoint separate health visitors in the more urbanised areas, and combined district nurse/midwife/health visitors in rural districts, but there is, of course, the problem of obtaining district nurse/midwives with the health visiting qualification. This is a long term project, suitably qualified persons being brought in as others retire; and, at the same time, existing nurses, acting as health visitors under dispensation, are encouraged to take the necessary qualifying course. The County Council has increased the number of health visitor training scholarships from 3 to 6 during the current year.

The numbers of children under the age of one year who were vaccinated against smallpox and immunised against diphtheria showed gratifying increases and were the highest for many years. This is an encouraging response to the continued efforts of the county field staff but still leaves considerable room for improvement. Although figures relating to immunisation against whooping cough remain incomplete, the indications are that there is an increasing demand by parents for the protection of their children against this disease. Care must be taken to ensure that the emphasis on this prophylactic measure, which is more in the public eye due to the much greater prevalence of whooping cough, does not lead to a disregard of diphtheria immunisation.

It is unfortunate that supply problems during the first year have resulted in a comparatively small proportion of registered children being vaccinated against poliomyelitis. In Norfolk approximately 15,000 applications were received, but by the end of the year only 10% had received any injection at all. The population generally showed great interest in the new vaccine but responded with marked caution. It is only as we are able to increase the numbers vaccinated and thus give a practical demonstration of the degree of protection afforded, that we shall overcome this natural reluctance and achieve a more general response. A prolonged delay between registration and vaccination tends to undermine the confidence of the public in the scheme, even although the reasons may be appreciated.

The trial installation of radio control in ambulances in the west of the county in the early part of the year effectively demonstrated the value of radio in the efficient and economical running of the ambulance service and, as a result, it was decided to introduce it throughout the county.

Although there was an increase in the number of patients conveyed by sitting case cars, the mileage showed a reduction over the previous year and was the lowest since 1952. The non-availability of public transport, however, is still a pressing problem in many of the rural areas.

So far, B.C.G. vaccination of school leavers, commenced on a limited scale in 1953, has continued in the fringe areas of Norwich and in the King's Lynn and East Dereham areas. The Council, however, has now decided to extend this scheme to all parts of the county in 1957.

Although the number of cases assisted by the home help service closely approximated to that of 1955, the number of hours of service provided during the year increased by 12,000, due to the increasing proportion of long-term sick and aged. Full details of the proportionate allocation is given in the body of the report, and it is of interest to note that 90% of the service is being devoted to those two categories. It continues to play an important part in limiting the demand upon hospital beds and it is logical to bear this hidden saving in mind when considering home help estimates.

An interesting development on the mental health side was the formation early in the year of a psychiatric social club, one of the first to serve a rural county. Regular meetings were held in the clinic rooms at the local health office in Norwich and, by the end of the year, the club was well established with a strong core of regularly attending members. The undoubted success of the venture was almost entirely due to the enthusiasm and energy of the psychiatric social worker.

It will be seen that there has been some intensification of effort regarding problem families and the prevention of the break-up of families by the convening of regular area conferences of all workers interested in this field. It is considered that the problem is not an extensive one so far as Norfolk is concerned and does not appear to be increasing. There is, however, a tendency for such families to become more obvious in these days of improved housing and social conditions.

As far as infectious disease is concerned, there was no undue incidence beyond the normal periodicity. Poliomyelitis cases were less than one-fifth of the number for 1955, though, unfortunately, 8 out of the 10 cases developed paralysis. There were, however, no fatalities.

I cannot conclude this preface without expressing my appreciation of the sympathetic consideration and encouragement extended to me by members of the Health Committee. Nor must I fail to acknowledge with gratitude the loyal support of my own staff in a difficult and disturbing year resulting from the Organisation and Methods Survey and its aftermath. I am, further, much indebted to my colleagues in other administrative departments for their valuable co-operation in so many problems; and finally, I would wish to thank those voluntary bodies, who play such an important role in the health services of the county, for their continued assistance which is so readily given at all times.

K. F. ALFORD

Public Health Department,
29, Thorpe Road,
Norwich.
August, 1957.

PUBLIC HEALTH STAFF

County Medical Officer:

K. F. ALFORD, M.B., Ch.B., D.P.H.

Deputy County Medical Officer:

A. G. SCOTT, M.B., Ch.B., D.P.H.

Senior Medical Officer :

A. S. CAREY, M.B., Ch.B., D.P.H. (to 9.10.56).

A. E. LORENZEN, M.R.C.S., L.R.C.P., D.P.H. (from 10.10.56).

Senior Assistant Medical Officer :

A. E. LORENZEN, M.R.C.S., L.R.C.P., D.P.H. (to 9.10.56).

G. F. ANDERSON, M.B., Ch.B., D.P.H. (from 1.12.56).

Assistant County Medical Officers and

District Medical Officers of Health:

W. H. CRICHTON, C.I.E., M.B., Ch.B., D.P.H. (from 1.8.56).

IRENE B. M. GREEN, M.D., B.S., D.P.H.

A. B. GUILD, M.B., Ch.B., D.P.H., D.I.H., D.T.M.&H.

J. HAMILTON, M.B., Ch.B., D.P.H., D.T.M.&H.

W. E. HOLMES, M.A., M.B., B.Ch., B.A.O., D.P.H., D.T.M.&H.

G. R. HOLTBY, M.D., B.S., D.P.H., D.I.H.

G. B. HOPKINS, M.B., Ch.B., B.Pharm., D.P.H.

J. COUTTS MILNE, M.B., Ch.B., D.P.H., D.T.M.&H. (to 7.7.56).

R. N. C. McCURDY, M.B., Ch.B., D.P.H.

J. H. F. NORBURY, M.B., B.S., D.P.H.

Assistant Medical Officers (part-time):

ELIZABETH M. ELLIOTT, M.B., B.Ch., B.A.O.

P. M. FEA, M.B., Ch.B. (from 25.9.56).

JOAN E. HANCOCK, M.B., Ch.B.

NORA M. JOHNS, M.B., B.S.

ROSEMARIE D. LINCOLN, M.B., B.S.

C. MARGARET McLEOD, M.B., Ch.B.

CATHERINE COUTTS MILNE, M.B., Ch.B. (to 11.7.56).

F. R. WILSON, M.D., Ch.B.

Chief Dental Officer :

P. MILLICAN, L.D.S., R.C.S. (Eng.).

Dental Officers:

A. J. CAIRNS, L.D.S., R.C.S. (Eng.) (part-time) (to 31.12.56).

J. E. CHASTON, L.D.S., R.C.S. (Eng.) (from 1.10.56).

J. H. H. GRIFFIN, L.D.S., R.C.S. (Eng.) (part-time) (from 27.2.56).

RITA M. HUGHES, B.D.S. (U.L'pool) (part-time) (to 30.9.56).

J. W. McQUISTON, L.D.S. (Q. U. Belf.)

E. C. PACKHAM, L.D.S., R.C.S. (Eng.).

JEAN S. P. SMITH, L.D.S., R.C.S. (Edin.) (part-time) (from 3.7.56).

F. W. WALMSLEY, L.D.S., R.C.S. (Edin.) (to 29.2.56).

E. WARD, L.D.S. (V.U. Manc.) (to 31.3.56)

S. H. WOONTON, L.D.S., R.C.S. (Eng.)

County Sanitary Officer:

G. W. CURTIS, M.I.S.E., C.S.I.B., Meat and Food Inspector's Cert., D.P.A.

Senior Assistant County Sanitary Officer:

A. J. ALLISON, C.S.I.B., Meat and Food Inspector's Cert.

Assistant County Sanitary Officer:

A. C. COOPER, C.S.I.B.

Superintendent Nursing Officer:

MISS A. DAY, S.R.N., S.R.C.N., S.C.M., H.V.Cert., Q.N.

Deputy Superintendent Nursing Officer:

MISS D. E. UNSWORTH, S.R.N., S.C.M., H.V.Cert., Q.N.

Assistant Superintendent Nursing Officers:

MISS G. CATO, S.R.N., S.R.F.N., S.C.M., H.V.Cert., Q.N.

MISS G. A. THOMPSON, S.R.N., S.R.F.N., S.C.M., H.V.Cert., Q.N.

MISS M. WEARMOUTH, S.R.N., S.C.M., H.V.Cert., Q.N.

Health Visitors and School Nurses:

MRS. L. BRADBURY, S.R.N., S.C.M., H.V.Cert.

MRS. E. J. BRADFORD, S.R.N., S.C.M., H.V.Cert.

*MRS. P. D. CHADWICK, R.S.C.N.

MRS. E. J. COLLETT, S.R.N., S.C.M., H.V.Cert. (from 1.2.56).

MISS H. G. DAVIS, S.R.N., S.C.M., H.V.Cert.

MRS. W. A. DUNNELL, S.R.N., S.C.M., H.V.Cert.

MISS T. D. FULLER, S.R.N., S.C.M., H.V.Cert.

*MISS A. E. HOLDEN, R.S.C.N.

MISS R. C. HOWLETT, S.R.N., S.C.M., H.V.Cert.

*MRS. A. M. KNOTT, Sick Children's Nurse.

MISS B. V. LESTER, S.R.N., S.C.M., H.V.Cert.

MISS M. C. LIMMER, S.R.N., Midwifery Pt.I., H.V.Cert. (to 18.8.56).

†MISS M. W. LINDSAY, S.R.N., S.C.M., H.V.Cert.

MISS M. O'MEARA, S.R.N., S.C.M., H.V.Cert.

MRS. W. M. PETTS, S.R.N.

*MRS. M. I. QUAYLE, S.R.N.

MISS K. E. SEWELL, S.R.N., S.C.M., H.V.Cert. (from 2.7.56).

MISS K. R. M. SMITH, S.R.N., S.C.M., H.V.Cert. (from 15.10.56).

MRS. J. ST. CLAIRE-VERNAN, S.R.N., S.C.M., H.V.Cert.

MISS L. B. STEEL, S.R.N., S.C.M., H.V.Cert.

*MISS D. VICKERS, S.R.N.

*MRS. O. N. WAINWRIGHT, Sick Children's Nurse.

MRS. V. M. WHITBY, S.R.N., S.C.M., H.V.Cert. (from 1.11.56).

MRS. E. WITTRED, S.R.N.

†MISS I. A. P. WYMER, S.R.N., S.C.M., H.V.Cert.

*School nursing duties only.

†No school nursing duties.

Tuberculosis Health Visitors:

MRS. I. M. HERNE, S.R.N., S.R.F.N., S.C.M.

MISS I. WARD, S.R.N., S.C.M., H.V.Cert.

Speech Therapists:

MISS M. M. DIXON, L.C.S.T. (to 29.12.56).

MISS S. KENDON, L.C.S.T. (from 3.9.56).

MISS J. RUTT, L.C.S.T.

Senior Home Teacher and Visitor for the Blind:

MISS H. G. BELLAMY, Cert. College of Teachers of the Blind.

Home Teachers and Visitors for the Blind:

MISS M. R. GREEN, Cert. College of Teachers of the Blind.

MISS K. M. HOLLIDAY, Cert. College of Teachers of the Blind.

MRS. M. D. NEAVE, Cert. College of Teachers of the Blind.

MISS M. E. RISEBROOK, Cert. College of Teachers of the Blind.

Home Help Organiser:

MRS. E. A. KING, S.C.M., M.I.H.H.O.

Occupation Centre Supervisors:

MISS M. T. MEADE

MISS S. J. GEE

Psychiatric Social Worker:

MRS. J. M. WESTERN (part-time).

Home Teachers for Mental Defectives:

MISS B. I. CUMING

MISS F. S. HURN

Superintendent Welfare Officer:

C. J. TAYLOR

Deputy Superintendent Welfare Officer:

T. H. HIGHAM

Local Welfare Officers:

A. BOOTHMAN

S. H. BOUGHEN

J. COWELL

S. J. DODMAN

S. FRYER

C. J. GALLANT

V. C. HALL

D. R. INGHAM

V. K. C. KIRBY

T. A. MAYFIELD

W. J. PEACOCK

F. L. RAY

R. S. REEVE

J. A. ROWE

Chief Clerk:

E. W. DURRANT

SPECIALIST STAFF (Part-time).

Chest Physicians:

A. H. F. COUCH, M.D., M.R.C.P., D.C.H.

G. F. BARRAN, M.D., M.R.C.S., L.R.C.P.

(Joint appointments with Regional Hospital Board.)

County Analyst:

ERIC C. WOOD, Ph.D., A.R.C.S., F.R.I.C.

I. STATISTICS AND SOCIAL CONDITIONS OF THE ADMINISTRATIVE COUNTY.

Acreage	...	...	...	...	...	...	1,302,501
Population—Estimated by Registrar-General (mid-1956)	...						379,900
Product of Penny Rate for general purposes (1956-57)	...						£11,774
Rateable Value for general purposes (1st April, 1956)	...						£3,051,051

BIRTHS. (See Table 1.)

Live births—

Rate per 1,000 of the estimated population	15·31
--	-----	-----	-------

Still-births—

Rate per 1,000 live and still-births	21·54
--------------------------------------	-----	-----	-------

The following table shows the number of live births registered and the birth rates during the past five years:—

Year	Administrative County		Rate for England and Wales
	Net no registered	Rate	
1952	5607	15·04	15·3
1953	5862	15·64	15·5
1954	5696	15·12	15·2
1955	5575	14·78	15·0
1956	5815	15·31	15·7

It will be noted that the Norfolk birth rate increased by 0·53 per 1,000 of the estimated mid-year population as compared with the previous year. The application of the comparability factor (1·12) enables a more accurate comparison to be made with the England and Wales figure (15·7), the adjusted Norfolk rate being 17·15.

Illegitimate live births comprised 4·57% of all live births and showed a small increase of 0·34% on the 1955 figure, which was the lowest rate for many years.

The still-birth rate of 21·54 per 1,000 live and still-births was slightly higher than the 1955 rate of 21·24, but lower than the England and Wales rate of 23·0.

BIRTHS AND DEATHS.

TABLE 1.

County district.				Population 30/6/56	Live births			Still-births			Deaths of infants under 1 year of age			Deaths of infants under 4 wks. of age			Total deaths (all causes)
					Legit.	Illegit	Total	Legit.	Illegit.	Total	Legit.	Illegit.	Total	Legit.	Illegit.	Total	
MUNICIPAL BOROUGHS—																	
King's Lynn				26,240	464	14	478	6	—	6	8	—	8	6	—	6	288
Thetford				4,650	81	1	82	1	—	1	5	—	5	4	—	4	87
				30,890	545	15	560	7	—	7	13	—	13	10	—	10	375
URBAN DISTRICTS—																	
Cromer				4,860	50	7	57	2	—	2	1	—	1	1	—	1	56
Diss				3,590	53	—	53	—	—	—	1	—	1	1	—	1	44
Downham Market				2,610	19	2	21	—	—	—	—	—	—	—	—	—	62
East Dereham				6,710	101	8	109	3	—	3	3	—	3	2	—	2	61
Hunstanton				4,130	120	5	125	—	1	1	2	—	2	—	—	—	30
North Walsham				4,790	50	3	53	2	—	2	—	—	—	—	—	—	53
Sheringham				4,630	69	1	70	—	1	1	1	—	1	1	—	1	77
Swaffham				3,070	56	2	58	—	—	—	2	—	2	2	—	2	47
Wells-next-the-Sea				2,590	47	3	50	—	—	—	—	—	—	—	—	—	26
Wymondham				5,830	68	1	69	2	—	2	1	—	1	1	—	1	50
				42,810	633	32	665	9	2	11	11	—	11	8	—	8	506
RURAL DISTRICTS—																	
Blofield and Flegg				32,770	388	14	402	11	2	13	5	—	5	3	—	3	462
Depwade				18,040	250	13	263	5	—	5	6	2	8	5	1	6	226
Docking				17,400	326	20	346	3	1	4	3	1	4	3	1	4	220
Downham				24,190	396	22	418	11	1	12	7	—	7	4	—	4	215
Erpingham				19,630	247	10	257	2	—	2	8	—	8	5	—	5	262
Forehoe and Henstead				24,900	380	20	400	6	—	6	6	1	7	4	1	5	508
Freebridge Lynn				11,190	180	14	194	3	—	3	6	1	7	4	1	5	148
Loddon				12,790	178	13	191	7	—	7	2	—	2	1	—	1	143
Marshland				16,470	263	15	278	5	—	5	3	—	3	2	—	2	131
Mitford and Launditch				18,300	263	13	276	6	—	6	4	2	6	3	2	5	212
St. Faith's and Aylsham				39,610	546	20	566	15	—	15	7	1	8	6	1	7	511
Smallburgh				17,980	194	13	207	4	2	6	3	—	3	1	—	1	173
Swaffham				9,000	140	11	151	2	1	3	3	1	4	2	1	3	74
Walsingham				24,190	316	10	326	7	1	8	6	1	7	3	—	3	202
Wayland				19,740	304	11	315	15	—	15	1	1	2	1	—	1	219
				306,200	4371	219	4590	102	8	110	70	11	81	47	8	55	3706
ADMINISTRATIVE COUNTY				379,900	5549	266	5815	118	10	128	94	11	105	65	8	73	4587

DEATHS. (See Tables 1 and 3.)

Deaths per 1,000 of the estimated population ... 12.07

Deaths from pregnancy, childbirth and abortion :—

Deaths—6. Rate per 1,000 live and still-births 1.01

Death rate of infants under 1 year of age :—

All infants per 1,000 live births ... 18.06

Legitimate infants per 1,000 legitimate live births 16.94

Illegitimate infants per 1,000 illegitimate live births 41.35

The following table gives a comparison of the number of deaths and death rates during the past five years :—

Year	Urban Districts		Rural Districts		Administrative County		England and Wales— Crude death rate
	No. of deaths	Crude death rate	No. of deaths	Crude death rate	No. of deaths	Crude death rate	
1952	951	13.24	3256	10.82	4207	11.29	11.8
1953	977	13.42	3425	11.84	4402	11.74	11.4
1954	903	12.39	3519	11.55	4422	11.74	11.3
1955	909	12.43	3344	11.98	4553	12.07	11.7
1956	881	11.95	3706	12.10	4587	12.07	11.7

The crude death rate is the same as last year, but when the comparability factor of 0.81 is applied the resultant rate of 9.78 is considerably lower than the national rate and 0.60 lower than the adjusted rate for 1955.

76% of the deaths were of persons 65 years of age or over.

Of the main causes of death, 34% were due to heart disease, 16% to cancer, 13% to vascular lesions of the nervous system and 10% to respiratory diseases other than pulmonary tuberculosis. The latter accounted for 0.5%.

Infant mortality, at 18.06 per 1,000 live births, continued to decline and was 1.31 less than 1955 and the lowest on record. The rate for England and Wales was 23.8. 70% of the infants who were under one year of age at the time of death died within four weeks of birth.

TABLE 2.

VITAL STATISTICS 1937-56 (TWENTY YEARS).

Year	Live Births.				Still-Births.	Infantile Mortality.				Maternal Mortality.	Deaths.				
	Total for County.	Birth rate per 1000 pop.	Rate for England and Wales.	Sex-ratio (Males to 100 Females).		Rate per 1000 (all births).	Legit. (per 1000 legit. births).	Illegit. (per 1000 illegit. births).	Total (per 1000 live births).		England and Wales.	Rate per 1000 live and still-births.	Total for County.	Rate per 1000 pop.	Rate for England and Wales.
1937	4878	15.01	14.9	102	35.78	47.18	50.54	47.35	58	1.42	4141	12.74	12.4		
1938	4861	14.93	15.1	106	36.28	37.63	71.09	39.08	53	1.98	3793	11.65	11.6		
1939	4907	14.94	15.0	107	36.25	39.59	80.85	41.57	51	4.01	4184	12.76	12.1		
1940	4992	14.74	14.6	106	38.33	45.91	71.43	47.00	57	1.67	4542	13.41	14.3		
1941	5221	15.32	14.2	105	31.06	45.25	34.92	44.63	60	2.12	4318	12.64	12.9		
1942	6031	18.25	15.8	108	31.58	39.50	63.13	41.05	51	1.12	4268	12.89	11.6		
1943	5807	17.70	16.5	109	28.77	38.40	70.85	41.16	49	1.84	4142	12.63	12.1		
1944	6611	20.06	17.6	102	25.64	31.00	50.00	36.00	45	1.92	4209	12.77	11.6		
1945	5969	18.38	16.1	110	29.45	37.85	63.56	41.38	46	1.30	4055	12.48	11.4		
1946	6612	19.79	19.1	104	24.68	29.75	49.73	31.46	43	1.66	4071	12.18	11.5		
1947	7090	20.84	20.5	105	18.95	34.22	70.26	36.39	41	0.97	4354	12.62	12.0		
1948	6137	17.56	17.9	103	24.63	30.51	50.06	31.61	34	0.79	3922	11.22	10.8		
1949	5793	16.40	16.7	106	21.62	26.78	51.06	27.44	32	0.67	4377	12.39	11.7		
1950	5755	15.85	15.8	106	20.59	25.42	30.67	25.72	29.8	0.51	4159	11.46	11.6		
1951	5524	14.81	15.5	104	23.85	28.68	44.22	29.51	29.6	0.88	4639	12.44	12.5		
1952	5607	15.04	15.3	101	19.58	27.49	40.54	28.18	27.6	0.36	4207	11.29	11.3		
1953	5862	15.64	15.5	101	20.88	25.87	23.88	25.76	26.8	0.52	4402	11.74	11.4		
1954	5696	15.12	15.2	113	24.16	20.73	23.97	20.89	25.5	0.69	4422	11.74	11.3		
1955	5575	14.78	15.0	109	21.24	18.17	50.85	19.37	24.9	0.71	4553	12.07	11.7		
1956	5815	15.31	15.7	105	21.54	17.12	41.35	18.06	23.8	1.01	4587	12.07	11.7		

DEATHS BY AREAS AND AGE GROUPS.

TABLE 3.

Cause of death	Municipal Boroughs		Urban Districts									Rural Districts												Total	Age at death											
	King's Lynn	Thetford	Cromer	Diss	Downham Market	East Dereham	Hunstanton	North Walsham	Sheringham	Swaffham	Wells-next-the-Sea	Wymondham	Blofield and Flegg	Depwade	Docking	Downham	Erpingham	Forchoe and Henstead	Freebridge Lynn	Loddon	Marshland	Mitford and Launditch	St. Faith's and Aylsham		Smallburgh	Swaffham	Walsingham	Wayland	0—	1—	5—	15—	25—	45—	65—	75—
Tuberculosis, respiratory	—	—	1	—	1	—	—	—	—	—	—	1	3	—	—	—	—	3	1	2	2	1	2	1	2	—	21	—	—	—	—	2	9	6	4	
Tuberculosis, other	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	2	—	—	—	3	—	—	—	1	1	—	1	—	
Syphilitic disease	1	—	—	—	—	—	—	—	—	—	—	—	2	2	—	—	—	—	—	—	—	1	3	—	—	12	—	—	—	—	—	5	5	2		
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Whooping cough	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	3	2	1	—	—	—	—	—	—		
Meningococcal infections	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—	—	1	—	—	—	—		
Acute poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—		
Measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Other infective and parasitic diseases	—	1	—	—	1	—	—	—	—	—	—	—	1	1	1	—	—	—	—	—	—	1	—	—	—	6	—	—	—	1	—	2	2	1		
Malignant neoplasm, stomach	6	—	1	—	1	1	2	—	—	2	—	8	7	4	3	7	15	3	1	6	5	10	3	1	8	7	101	—	—	—	—	5	25	36	35	
Malignant neoplasm, lung, bronchus	14	2	4	2	—	—	1	2	1	4	—	12	6	6	4	2	10	3	2	6	7	15	5	2	2	11	126	—	—	—	—	6	70	38	12	
Malignant neoplasm, breast	5	2	2	2	1	2	—	1	1	—	1	9	3	7	1	—	8	2	4	1	2	7	—	2	—	6	69	—	—	—	—	3	30	24	12	
Malignant neoplasm, uterus	2	—	—	—	—	—	1	—	1	1	—	3	—	2	1	1	6	—	1	3	1	3	1	1	1	2	31	—	—	—	—	2	12	12	5	
Other malignant and lymphatic neoplasms	24	3	6	5	4	5	2	5	7	3	3	42	21	23	22	30	47	11	7	12	14	41	14	7	15	14	388	—	2	1	2	15	97	114	157	
Leukæmia, aleukæmia	2	—	—	—	—	—	—	—	—	—	—	1	2	—	1	1	1	2	1	1	2	1	—	1	—	1	17	—	2	3	2	2	5	1	2	
Diabetes	5	1	—	—	2	2	—	1	3	—	—	3	2	3	1	3	4	2	2	—	2	—	2	—	4	—	42	—	—	—	1	—	11	15	15	
Vascular lesions of nervous system	40	17	5	6	11	6	—	6	6	9	3	9	62	26	28	26	27	53	19	14	18	33	74	31	19	24	610	—	—	—	—	4	82	188	338	
Coronary disease, angina	32	10	4	4	7	7	5	16	16	3	2	10	42	51	33	19	54	36	7	25	11	23	57	31	4	26	572	—	—	—	—	8	99	219	246	
Hypertension with heart disease	9	1	1	3	3	1	—	2	3	—	—	—	18	4	2	11	5	10	3	3	2	4	20	7	1	2	126	—	—	—	—	—	22	43	61	
Other heart disease	35	27	7	6	9	17	6	6	31	6	5	6	93	33	38	34	59	136	18	35	19	47	104	21	4	40	867	1	—	—	1	8	55	171	631	
Other circulatory disease	18	4	3	2	3	—	3	3	2	4	4	3	19	12	11	12	9	58	10	8	11	5	34	9	7	16	283	—	—	—	—	5	24	71	183	
Influenza	1	—	—	1	3	2	—	—	1	—	—	3	12	2	2	4	1	5	1	—	—	6	3	1	1	2	52	—	—	—	—	1	10	7	34	
Pneumonia	23	2	3	2	8	2	3	2	—	2	—	2	21	10	8	10	15	35	14	7	8	5	27	2	1	6	227	14	1	—	1	2	21	43	145	
Bronchitis	10	3	7	3	—	2	1	1	—	4	3	2	18	4	4	10	8	9	7	7	3	8	13	8	4	8	152	—	1	1	1	—	26	35	88	
Other diseases of respiratory system	—	—	—	—	1	—	—	—	—	—	1	—	1	1	2	4	1	3	2	2	2	1	2	4	2	—	31	—	2	—	1	3	13	9	3	
Ulcer of stomach and duodenum	3	—	—	—	1	—	—	—	1	—	—	2	3	4	3	3	1	3	1	2	—	2	2	4	—	2	40	—	—	—	—	1	13	11	15	
Gastritis, enteritis and diarrhœa	2	1	1	—	—	—	—	—	—	1	—	—	2	—	1	2	1	1	—	—	—	1	5	—	—	2	21	4	—	—	—	1	3	8	5	
Nephritis and nephrosis	7	2	—	1	—	1	1	1	—	—	1	1	5	—	3	3	2	1	1	1	—	1	4	2	1	1	41	—	—	2	1	5	9	10	14	
Hyperplasia of prostate	4	2	1	—	2	—	—	—	—	1	—	1	5	5	1	1	3	8	2	3	1	4	5	7	2	1	61	—	—	—	—	—	5	16	40	
Pregnancy, childbirth, abortion	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	1	—	—	—	—	—	1	—	—	—	1	6	—	—	—	—	5	1	—	—	
Congenital malformations	4	1	1	—	—	1	1	—	1	2	—	—	1	4	1	—	3	4	—	1	3	5	2	—	—	—	35	23	1	1	2	2	3	1	2	
Other defined and ill-defined diseases	24	5	4	3	4	9	2	6	—	4	3	4	51	17	33	25	20	34	25	9	11	21	50	8	8	17	416	53	4	6	4	17	63	63	206	
Motor vehicle accidents	3	—	—	—	—	—	2	—	—	1	—	1	5	1	1	6	1	2	2	3	2	2	6	2	1	3	45	—	—	6	17	11	4	3	4	
All other accidents	9	—	3	2	—	3	—	1	2	—	—	—	15	2	1	6	5	11	7	1	5	6	18	8	1	15	126	8	3	2	10	18	14	13	58	
Suicide	4	2	1	2	—	—	—	—	1	—	—	1	4	5	1	3	3	4	4	2	3	1	—	—	—	—	53	—	—	—	—	10	29	12	2	
Homicide and operations of war	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	1	—	1	
All causes	288	87	56	44	62	61	30	53	77	47	26	50	462	226	220	215	262	508	148	143	131	212	511	173	74	202	219	4587	105	17	22	47	137	763	1175	2321

DEATHS BY AGE GROUPS—ADMINISTRATIVE COUNTY.
(Percentage of All Deaths)

Year	Age Group.					
	0—	1—	5—	15—	45—	65—
1937	5.6	1.4	1.3	8.7	19.6	63.4
1938	5.0	1.0	1.1	9.0	19.4	64.5
1939	4.9	1.0	1.0	8.1	19.0	66.0
1940	5.1	1.6	1.4	7.5	19.3	65.1
1941	5.4	1.7	1.4	8.3	19.1	64.0
1942	5.8	1.2	1.3	7.3	19.8	64.6
1943	5.8	1.6	1.2	6.6	18.4	66.4
1944	5.7	1.4	1.5	7.1	18.0	66.3
1945	6.1	1.2	1.3	6.5	18.7	66.2
1946	5.1	0.9	0.8	6.3	17.5	69.4
1947	5.9	0.5	0.8	5.4	17.4	69.9
1948	4.9	1.0	0.7	6.2	18.3	68.9
1949	3.9	0.8	0.6	5.1	16.7	72.9
1950	3.6	0.7	0.7	5.1	17.3	72.6
1951	3.5	1.0	0.8	4.9	16.5	73.3
1952	3.8	0.4	0.6	4.6	17.2	73.4
1953	3.5	0.6	0.7	5.3	17.1	72.8
1954	2.7	0.5	0.7	4.5	16.4	75.0
1955	2.4	0.4	0.5	4.0	16.8	75.9
1956	2.3	0.4	0.5	4.0	16.6	76.2

II. AREA ADMINISTRATION.

The local health office at East Dereham was transferred in October from huttcd accommodation at the Isolation Hospital to new premises in High Street. The new building provides adequate accommodation for the local health office staff, and rooms have also been allotted to the Registrar of Births, Deaths and Marriages and the Probation Officer. A suite of rooms has been provided for a dental clinic and the premises are also used for speech clinics, welfare centre purposes and for a day occupation centre for mentally defective children. The fact that the premises are centrally situated is a great asset, especially for the convenience of callers for national welfare foods. The Isolation Hospital was too far from the town to encourage many callers and arrangements were made with the Mitford and Launditch Rural District Council for supplies to be available at their offices at the Guildhall. This arrangement was discontinued when the new office was opened.

Combined office and clinic accommodation has now been provided in all nine local health areas except Area No. 8 (Docking and Walsingham Rural Districts, Hunstanton and Wells-next-the-Sea Urban Districts). The office in this area is situated in part of the Rectory at Wells-next-the-Sea and, apart from the unsatisfactory nature of the premises from an office point of view, accommodation for clinics and welfare centres is lacking.

III. CARE OF MOTHERS AND YOUNG CHILDREN.

MATERNITY ACCOMMODATION.

MIDWIFERY CASES.

Twenty-three midwifery cases, 25 less than in the previous year, were admitted to the West Norwich Hospital because of unsatisfactory home conditions.

MATERNITY CASES.

The Norwich, Lowestoft and Gt. Yarmouth, and the King's Lynn Area Hospitals Management Committees have, as in previous years, been provided, upon request, with sociological reports on cases referred by general practitioners for admission to hospital when normal confinement was anticipated. Reports have also been requested by the Ipswich Group Hospital Management Committee in respect of cases on the Norfolk/Suffolk border, and by the Bowthorpe Maternity Hospital, Wisbech, for cases on the Norfolk/Cambridgeshire border.

DOMICILIARY CONFINEMENTS.

It is gratifying to report that 65% of all Norfolk confinements took place in the patients' own homes. This percentage has remained steady for several years and the Council's policy of encouraging home confinements wherever possible has materially reduced the demands upon the maternity accommodation provided by the Regional Hospital Board and has ensured accommodation being available for all cases requiring admission on sociological, as well as medical, grounds.

UNMARRIED MOTHERS.

The agency agreements with the Norwich and Ely Diocesan Councils for Moral Welfare for the care and training of unmarried mothers have been continued. The Council's grants have been increased to meet the rising costs of the services provided by the diocesan councils. The number of cases dealt with was:—

Care and training in hostels with financial assistance from the Council	...	...	...	...	...	46
Without admission to hostel	...	...	...	...	...	133
						<hr/> 179 <hr/>

The number of cases requiring care and training in hostels has shown a considerable increase over the previous year, when only 28 cases were assisted in this way. The figure is nevertheless lower than that for 1954 but comparable with the average for the past ten years. The cases admitted to hostels were mainly referred by the moral welfare workers, while those assisted in other ways were, in general, ascertained from the notification of birth cards.

				Admitted to hostel	Not admitted to hostel	Total
(a)	<i>Classification—</i>					
	First illegitimate child	...	...	45	96	141
	Second illegitimate child...	...	...	1	28	29
	Third illegitimate child	...	...	—	6	6
	Fourth or more illegitimate child	...	...	—	3	3
				—	—	—
				46	133	179
				—	—	—
(b)	<i>Age of mother—</i>					
	Under 16	...	...	1	2	3
	16—21	...	...	34	75	109
	22—25	...	...	7	33	40
	26—30	...	...	4	17	21
	Over 30	...	...	—	6	6
				—	—	—
				46	133	179
				—	—	—
(c)	<i>Care of child—</i>					
	Still-born	...	...	—	3	3
	Died	...	...	1	8	9
	Kept by mother	...	...	25	87	112
	Fostered	...	...	7	9	16
	Adopted	...	...	8	13	21
	Dr. Barnardo's	...	...	5	7	12
	Children's Committee	...	...	—	6	6
				—	—	—
				46	133	179
				—	—	—
(d)	<i>Hostels to which admitted—</i>					
	St. Paul's Lodge, Great Yarmouth	...	...	...	17	
	Heigham Grove Shelter, Norwich	...	...	...	10	
	Bateman Street Mother and Baby Home, Cambridge	...	...	...	10	
	Birdhurst Lodge, South Croydon	...	...	...	3	
	Bedford and County Girls' Home	...	...	...	2	
	St. Christopher's, Tulse Hill	...	...	...	1	
	Beacon Lodge, East Finchley	...	...	...	1	
	St. Saviour's, Northampton	...	...	...	1	
	Cross Roads Club, Barnet	...	...	...	1	
					—	
					46	
					—	

CARE OF PREMATURE INFANTS.

325 premature live births (two less than in the previous year) were notified as follows:—

Born in hospital	...	...	...	...	172
Born at home and nursed entirely at home	...	...	...	...	116
Born at home and transferred to hospital	...	...	...	...	20
Born and nursed entirely at private nursing homes	...	...	...	...	7
Born at private nursing homes and transferred to hospital	...	...	...	...	—
					<hr/> 315 <hr/>

283 of these infants survived 28 days.

54 premature still-births were also notified, 41 occurring in hospital, 11 at home and 2 in private nursing homes.

The two Queen Charlotte type oxygen tents are available at King's Lynn and Norwich for use as necessary in domiciliary cases. They were not called for during 1956.

ANTE-NATAL AND POST-NATAL ARRANGEMENTS.

Examinations under this scheme continue to decrease in numbers, being 26 compared with 30 in 1955. The medical practitioner/obstetricians are paid the appropriate fees.

MOTHERCRAFT CLASSES.

Towards the end of 1955, following discussions with the consultant obstetricians, it was agreed that there was a place in the ante-natal care provided by the local health authority for introducing mothercraft classes for expectant mothers. Accordingly, classes were established in consultation with medical practitioners, and expanded during 1956, mainly at local health offices, and also at other suitable premises in the larger centres of population in the county, including R.A.F. Stations. These classes are planned to prepare the mother for her confinement and approaching motherhood. The course is made up of eight weekly classes, which include the teaching of relaxation, breathing exercises, followed by a talk on diet, hygiene of pregnancy, physiology of labour, and other subjects to meet the mothers' needs. Talks are shared between the health visitors and district nurse/midwives, under whose care the mother will continue throughout the pregnancy, labour and after. In addition to the eight classes given to expectant mothers, an evening talk and discussion is arranged for expectant fathers.

By the end of the year eleven courses were being held with ever-increasing attendances, and arrangements were being made for the introduction of further classes.

INFANT WELFARE CENTRES.

Four centres, which had consistently low attendances throughout the previous year, were discontinued and three new centres were opened. At the end of the year 161 County Council centres were providing a total of 183 sessions per month. Medical officers attended regularly where the average

attendance at centres is 25 or more children per session and visit smaller centres from time to time. Details of attendances during the year were :—

Number of first attendances of children under one year of age	2,848	(3,169)
---	-----	-----	-----	-----	-----	-------	---------

Number of children who attended during the year who were born in :—

1956	...	...	...	2,547
1955	...	...	...	2,524
1954-51	...	...	...	4,192
				<hr/>
				9,263
				<hr/>
				(9,812)

Total number of attendances made by the above children	46,766	(50,464)
--	-----	-----	-----	-----	-----	--------	----------

(The figures in brackets are the corresponding figures for 1955.)

Mothers and young children living in the fringe area of the county adjacent to Wisbech continue to attend that centre by kind permission of the Isle of Ely County Council. A small number of Isle of Ely mothers and children attend the Outwell (Norfolk) centre by a reciprocal arrangement.

VOLUNTARY AND R.A.F. CENTRES.

In addition to the centres provided by the County Council there are 36 voluntary weighing centres organised by local nursing committees and staffed by district nurse/health visitors, at which 1,076 children made 5,617 attendances. Centres for service families were also held at seven R.A.F. Stations, usually attended by the station medical officer and assisted by the Council's health visiting staff. 540 children made 1,965 attendances at these centres.

WELFARE FOODS AND MEDICAMENTS.

Proprietary brands of welfare foods are available for issue at infant welfare centres at cost price, or free of charge in necessitous cases. Certain medicaments are also available for issue free of cost when recommended on medical grounds.

NATIONAL WELFARE FOODS.

The Ministry of Food scheme, transferred to local health authorities in 1954, has continued to operate smoothly. The position is frequently reviewed, new voluntary centres being opened and old ones closed in the light of the needs of each particular village. The County Council is indebted to the voluntary distributors for the valuable work which they are undertaking.

The following foods were distributed :—

National dried milk	...	...	...	163,186 tins.
Cod liver oil...	...	...	...	39,440 bottles.
Vitamin A and D tablets	...	...	...	15,784 packets.
Orange juice	...	...	...	226,372 bottles.

At the end of the year there were 278 centres (70 official and 208 voluntary).

DENTAL TREATMENT.

The Chief Dental Officer reports :—

The number of expectant and nursing mothers living in the county who invoke the Council's dental service increases as the existence of this service becomes more known; and it is one of the duties of the midwife to advise the mother on this matter.

In 1956, 5,620 births took place in the county, 299 mothers were dentally examined, 279 were treated and the treatment for 228 was completed. From these figures it is obvious that with sufficient dentists and the co-operation of the medical and nursing staffs there is room for expansion of this important service. The fact that over 1,200 teeth were extracted from less than 300 mothers, and that only one of the mothers was recorded as having a clean and sound mouth, rather indicates that there are many prospective parents who neglect the care of their mouths to the injury of their children.

Furthermore, the oral inspection of young children far too often discloses conditions which can deform the mouth and jaws, and can adversely and seriously affect the child's health and appearance throughout its life.

These conditions, such as thumb and finger sucking and the presence of adenoids and chronically enlarged tonsils, must be reported through the nurse to the doctor and dentist at an early date so as to prevent the resulting damage from becoming irreparable.

DENTAL CARE OF EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER SCHOOL AGE.

(a) *Numbers provided with dental care.*

	Examined	Needing treatment	Treated	Made dentally fit
Expectant and nursing mothers	299	298	279	228
Children under five ...	140	132	129	128

(b) *Forms of dental treatment provided.*

	Scalings and gum treatment	Fill-ings	Silver nitrate treat-ment	Crowns or inlays	Extract-ions	General anaes-thetics	Dentures full upper or lower	Provided partial upper or lower	Radio-graphs
Expectant and nursing mothers	92	334	62	—	1,214	52	104	144	5
Children under five	2	22	310	—	176	43	—	—	—

NURSERIES AND CHILD MINDERS REGULATION ACT, 1948.

At the end of the year, five daily minders, caring for a total of 38 children, and one building, with facilities for four children, were registered with the Council. All are visited at intervals by the Council's medical officers.

BIRTH CONTROL.

The Norwich Mothers' Clinic and the Cambridge Women's Welfare Association provide constructive birth control facilities for Norfolk mothers, and the County Council continues to make grants towards their expenses.

IV. MIDWIFERY SERVICES.

The agency arrangements with the Norfolk County Nursing Association have continued. The domiciliary midwifery service was carried out by 6 whole-time midwives and 144 district nurse/midwives employed by the association.

PRACTISING MIDWIVES.

Notices of intention to practise in the county were received from 256 midwives and 29 ceased to practise during the year. At the end of the year, there were 227 midwives on the register, compared with 224 at the end of 1955. 419 visits of inspection were made by the superintendent nursing officer and her assistants, acting as non-medical supervisors of midwives.

EMERGENCY MEDICAL AID.

The increase noted in previous years in the number of cases where maternity medical services were being provided by practitioners under Part IV of the Act has continued. The number of those cases in which it was necessary for the midwife to summon medical aid, where a doctor was not previously booked for confinement, showed little change compared with the previous year. Comparable figures for 1956 and the two previous years are:—

(a) <i>For domiciliary cases:—</i>	1956	1955	1954
(i) Maternity service cases under Part IV of the Act	226	168	143
(ii) Midwifery cases—doctor not booked ...	24	22	62
	<hr/> 250	<hr/> 190	<hr/> 205
(b) <i>Cases in institutions</i>	—	—	1

CONFINEMENTS.

The number of domiciliary confinements attended by midwives, acting either as midwives or as maternity nurses, was 3,202, 159 more than in the previous year. In addition, the midwives attended 129 cases of miscarriage, a decrease of 72 on the figure for 1955.

Domiciliary confinements totalled 3,202
and of these

1,323 received maternity medical attendance (doctor present at
confinement)

33 midwifery cases, but doctor called in,

1,638 maternity medical cases, but doctor not present at actual
confinement,

208 entirely midwifery cases.

Comparative figures for the past three years are :—

Domiciliary confinements—	1956	1955	1954
Midwifery/maternity cases (doctor not present)	1,846	1,711	1,823
Maternity cases (doctor present) ...	1,356	1,332	1,358
	3,202	3,043	3,181
Institutional confinements	1,466	1,394	1,397
Private cases (domiciliary and institutional)	262	313	331
	4,930	4,750	4,909
Visits made by midwife—			
Maternity and midwifery	59,419	60,048	60,836
Ante and post-natal	32,859	30,779	29,725

Domiciliary midwives attended 1,404 cases confined in institutions but discharged before the fourteenth day. 5,865 visits were made to these cases.

ANALGESIA.

Of the 150 midwives employed by the county nursing association, 142 are qualified to administer gas and air analgesia. 140 sets of apparatus are in use. 30 midwives in regional hospital board establishments and 4 in private practice or employed in private nursing homes are also qualified. Analgesia was administered by the association's midwives in 2,614 cases (1,040 maternity and 1,574 midwifery), compared with 2,568 cases in 1955. 8 cases were dealt with by domiciliary midwives in private practice.

Pethidine was administered by the county nursing association's midwives in 1,857 domiciliary cases (725 maternity, 1,132 midwifery), while private midwives dealt with 4 cases.

OPHTHALMIA NEONATORUM.

7 cases were notified during the year, all in respect of domiciliary confinements. In none of the cases was it necessary for the baby to be admitted to hospital, and there was no apparent impairment of vision in any case.

PUERPERAL PYREXIA.

16 domiciliary and 2 institutional cases were notified during the year. The necessary facilities for treatment were available in all cases.

V. HEALTH VISITING.

Renewed requests by the Ministry of Health for increased training facilities to enable nurses acting as health visitors under dispensation to take the necessary qualification course, have emphasised the difficulties referred to in previous reports.

At the end of the year, 58 nurses in the county were acting under dispensation and, in order to give these nurses an opportunity of qualifying as health visitors, the Council has agreed to increase from 3 to 6 the number of scholarships offered during 1957-58. The three scholarships offered in 1956-57 were

all taken up. Scholarships are awarded subject to the students undertaking general duties in the county for at least two years after qualifying.

A further 9 district nurses are already qualified health visitors, 5 of these having obtained their certificates as the result of being granted Council scholarships.

This total of 67 district nurse/midwives devote approximately two-fifths of their time to health visiting.

Two full-time health visitors and 16 full-time health visitor/school nurses were also employed at the end of the year, with a further 6 nurses engaged on full-time school nursing.

Health visiting duties undertaken in the county in the past five years are summarised below:—

Year.		Ante-natal visits.	First visits to children under 1 year.	Total visits to children 0—5 years.	Total visits.
1952	...	16,667	5,747	118,627	135,294
1953	...	28,607	5,757	109,713	138,320
1954	...	26,922	5,504	118,858	151,284
1955	...	27,918	4,904	104,338	137,160
1956	...	25,636	5,610	109,038	135,887

Altogether, the health visitors visited 18,414 families during the year.

The work of the two full-time tuberculosis health visitors is included in the section of the report dealing with tuberculosis.

VI. HOME NURSING.

The county nursing association acts as the agent of the Council for this service. 6 nurses, including one male, were employed full-time and 141 district nurses devoted part of their time to these duties, estimated to be equivalent to 66 whole-time home nurses. The superintendent nursing officer and her assistants carry out the necessary supervision. Details of the cases and of the number of visits paid during the year are as follows:—

				No. of cases.	No. of visits.
Medical	...	...	...	6,210	108,937
Surgical	...	...	...	3,160	44,152
Tuberculosis	...	...	...	39	1,738
Other infectious diseases	...	...	...	17	28
Maternal complications	...	...	...	70	580
Others	...	...	...	970	7,070
				<hr/> 10,466 <hr/>	<hr/> 162,505 <hr/>

Of the above, 4,251 cases aged 65 years or over at the time of the first visit accounted for 104,634 visits during the year, and 5,154 visits were paid to 942 cases under the age of five years. 1,185 cases received injection therapy, accounting for 32,290 of the total visits made. 965 cases received more than 24 visits during the year.

VII. HOUSING ACCOMMODATION FOR DISTRICT NURSES.

The five-year building programme agreed upon by the Health Committee in 1951 expired in March, 1956. A new two-year programme has been drawn up to cover immediate requirements for the financial years 1956-57 and 1957-58. At the end of 1956, 134 district nurses were accommodated as follows:—

- 34 in county council houses. (2 vacant.)
- 40 in district council houses. (2 vacant.)
- 19 in houses (other than council houses) rented by or leased to the county nursing association. (1 vacant.)
- 42 in their own houses.
- 4 in rooms or houses (other than council houses) rented by the nurses.

VIII. TRAINING AND REFRESHER COURSES FOR NURSING STAFF.

The following courses were attended by members of the supervisory and district nursing and health visiting staff during 1956:—

- Midwives' refresher courses—attended by 30 district nurse/midwives.
- Health visitors' post-certificate courses—attended by 2 health visitors.
- Post-certificate course for supervisors of midwives—attended by 1 assistant supervisor.
- Nursing administrators' course—attended by 1 assistant superintendent.
- Queen's Institute of District Nursing: Refresher course for district nurses—attended by 4 nurses.
- Queen's Institute of District Nursing: Course of Queen's training—attended by 2 nurses.

Increased numbers of midwives attended refresher courses to meet the requirements of the revised rule of the Central Midwives' Board—Section G. In order to avoid a large number of the Council's domiciliary midwives having to undertake the refresher course during 1958, attendances are being spread over a period of three years.

IX. VACCINATION AND IMMUNISATION.

VACCINATION AGAINST SMALLPOX.

2,393 children under the age of one year were vaccinated during 1956. Equivalent to 48·7% of notified births, this is the highest percentage of infants vaccinated in the county for many years, and is an encouraging response to the efforts being made to secure a general measure of protection of the population against smallpox. The number of cases vaccinated or re-vaccinated during 1955 and 1956 were as follows:—

Age at which vaccinated	Vaccinations		Re-vaccinations	
	1956	1955	1956	1955
Under 1 year ...	2,393	1,804	1	—
1 year ...	260	247	2	6
2—4 years ...	122	78	20	26
5—14 years ...	111	43	89	59
15 years and over	211	145	364	382
	3,097	2,317	476	473

DIPHThERIA IMMUNISATION.

No case of diphtheria has been recorded, and no death due to this disease has occurred since 1946.

Medical officers, health visitors, school teachers and district nurses constantly endeavour to secure parental consent to primary immunisation and to subsequent “ booster ” injections at four- or five-year intervals. Full use is also made of suitable literature obtained from the Central Council for Health Education and Ministry of Health posters.

2,066 children were given primary immunisation during the year before they reached their first birthday. This is the highest figure recorded for several years. Comparable figures for the past three years for primary and re-inforcing injections are as follows:—

	Immunised			Given re-inforcing injections		
	1956	1955	1954	1956	1955	1954
Under 1 year ...	2,066	1,726	1,496	—	—	—
Aged 1—4 years	1,537	1,650	2,092	193	177	229
Aged 5—14 years	1,051	1,207	1,390	4,613	5,502	7,761
	—	—	—	—	—	—
	4,654	4,583	4,978	4,806	5,679	7,990
	—	—	—	—	—	—

The numbers of children who had been primarily immunised or who had received re-inforcing injections as at 31st December, 1956, are as follows:—

	Under 1.	1—4.	5—9.	10—14.	Total.
Last injection in 1952-56	833	11,565	17,824	15,473	45,695
Last injection 1951 or earlier ...	—	—	5,408	8,125	13,533
Estimated mid-year population ...	5,680	22,820	59,200		87,700

15% of the children under one year of age at the end of the year had been immunised; 51% of those between 1 and 4 and 56% of those between 5 and 14 were also fully protected, equivalent to 52% of all children in the county. This is, unfortunately, 2% less than at the end of the previous year. A further 13,533 children (15%) had been immunised prior to 1951, but cannot be regarded as being fully protected as they have not received the necessary booster injections.

VACCINATION AGAINST WHOOPING COUGH.

There has been no change in the scheme which was introduced in Norfolk during 1953. The suspended pertussis and the combined suspended diphtheria/ pertussis vaccines are made available by the Council to general practitioners and to the Council’s medical staff. No pertussis vaccination reports are available from general practitioners and it is not possible therefore to give any indication of the total number of children who have been protected

by the use of this prophylactic. Numbers of children known to have been immunised against whooping cough by the use of the combined prophylactic during the year are:—

Under 1 year	...	1,509
1—4	...	1,671
5—14	...	305
		<hr/>
		3,485
		<hr/>

This is 371 more than in the previous year.

63 children are known to have been immunised by general practitioners with the diphtheria pertussis tetanus triple antigen.

VACCINATION AGAINST POLIOMYELITIS.

In January, 1956, a circular was received from the Ministry of Health giving information on the British poliomyelitis vaccine and details of the procedure for the registration of children whose parents wished them to be vaccinated. It was laid down in the circular that, due to shortage of supplies, registration would be restricted in the first instance to children born 1947-54 and selected groups of registered children would be offered vaccination in accordance with the number of acceptances and the quantity of vaccine available from time to time. It was anticipated that registration would be extended to other children at a later date, subject to further supplies becoming available and in the light of the experience of the first year's working of the scheme.

Vaccination consists of two injections with a minimum of four weeks between.

The matter was considered by the Disabled Persons and Domestic Help Sub-Committee of the Health Committee and it was agreed that the Council should take part in the scheme.

As the Minister ruled that vaccination should not be carried out during the normal polio season of July, August and September, there was comparatively little time in which to make preparations for registering children and carrying out the actual vaccination. It was decided, as a matter of policy, that the detailed administrative work would be carried out at local health office level, and, with the full co-operation of the chief education officer and head teachers, that the vaccination sessions would be held in the schools. The staff tackled this additional task, which had to be dealt with at short notice and completed within a limited period of time, in a most able manner. The smooth way in which the scheme was carried out reflects credit on all concerned, particularly to the local health office clerical staff.

The scheme was publicised by announcements in the press, by leaflets, by letters to parents with school children in the age groups, and by the personal contact of health department and nursing staff. Family doctors were kept informed of all developments as it was inevitable that they would be consulted by parents anxious for further advice.

It was estimated that some 40,000 children in Norfolk were eligible for inclusion in the scheme and combined parents' consent/vaccination record cards were distributed through schools, welfare centres and other agencies. The forms had to be completed and returned by 31st March, 1956. 14,865 consents were received, 37% of all children eligible for inclusion in this first registration.

Two issues of vaccine were received up to the end of June and 1,350 registered children were given both injections, while 153 children had one injection only. Vaccination was suspended at the end of June, but a further small supply of the vaccine was received in December. At the end of the year 1,503 children had received the full course of injections and 25 had received the first injection only.

X. AMBULANCE SERVICE.

GENERAL.

The ambulance service has continued to operate under the agency agreement with the voluntary organisations, as outlined in the 1948 report. The mileage rate of 1/6·8d. per mile, with effect from 1st July, 1955, continued unchanged throughout the year. As previously, an additional 1d. per mile was paid to cover contingencies, plus £6,500 per annum for the purchase of new ambulances. The car service rate remained at 7½d. per mile (reduced to 6d. per mile for non-commercial drivers for all mileage over 800 in any one month) until 5th December, when the rates were increased temporarily by ¾d. per mile to 8¼d. and 6¾d. respectively to meet the heavy increase in the cost of petrol.

Following an experiment in the radio control of ambulances in the western part of the county, the Health Committee decided to recommend the Council to adopt radio control of ambulances throughout the county. Tenders were obtained and it is hoped that a permanent installation will be in operation by the middle of 1957.

AMBULANCES.

The increase in the average monthly number of patients conveyed by ambulances continued, but less marked than in the previous year. Similarly, the average monthly mileage has only increased by a very small amount.

Comparative figures for the past 5 years are:—

			Ambulance patients		Mileage	
			per month		per month	
1952	798	...	20,815
1953	886	...	22,936
1954	907	...	24,761
1955	992	...	24,955
1956	1,022	...	25,088

During 1956, the ambulances conveyed 12,269 patients and the total mileage was 301,187.

CAR SERVICE.

The demands upon the car service have also shown an increase during the year despite determined efforts to restrict the use of cars to patients medically unfit to travel by public transport. However, the increase in the average number of patients conveyed per month was offset by a reduction of 4,255 in the average monthly mileage undertaken, in comparison with the year 1955, and voluntary car service officers and drivers made every effort to

combine journeys. The introduction of petrol rationing in December made this doubly important.

			Car service patients per month		Mileage per month
1952	...	...	2,904	...	89,197
1953	...	...	3,753	...	105,975
1954	...	...	3,870	...	105,116
1955	...	...	4,037	...	107,823
1956	...	...	4,099	...	103,568

During 1956, 49,190 patients were conveyed by the car service and the mileage involved was 1,242,818.

MUTUAL ASSISTANCE ARRANGEMENTS.

The Council has continued to charge 2/- per mile for ambulances and 9d. per mile for cars, in accordance with the national agreement, although an increasing number of authorities are finding it necessary to charge higher rates because of the continual rise in running costs.

NATIONAL HEALTH SERVICE (AMENDMENT) ACT, 1949.

The arrangements with the Norwich Authority for the use of returning Norfolk vehicles to convey Norfolk patients discharged from the Norwich hospitals, detailed in the 1952 report, have been continued and have resulted in a considerable saving. During the year, 4,187 cases requiring transport were discharged from the Norwich hospitals. Of these, 2,859 were conveyed by Norfolk returning vehicles, and a further 572 were conveyed by Norfolk vehicles at the request of the Norwich Authority.

Similar facilities for the conveyance of patients in returning vehicles have been extended to neighbouring Authorities so far as discharges from Norfolk hospitals are concerned.

XI. PREVENTION OF ILLNESS, CARE AND AFTER-CARE. TUBERCULOSIS.

No change has been made in the scheme for the care and after-care of tuberculous patients. The joint-user staff arrangements between the Council and the East Anglian Regional Hospital Board have been continued.

B.C.G. VACCINATION.

B.C.G. vaccination of school leavers in certain areas of the county was continued. 595 children were tested, with the parents' consent, and, of these, 381 were found to be suitable for B.C.G. vaccination and were actually vaccinated during the year. A further 303 contacts of actual sufferers from the disease were also given B.C.G. vaccination.

In view of further circulars from the Ministry of Health, the Health Committee has decided, in co-operation with the Education Committee, to extend B.C.G. vaccination to school leavers throughout the county with effect from 1957.

TUBERCULOSIS HEALTH VISITORS.

The two tuberculosis health visitors have continued to attend all chest clinics. They attended 489 clinic sessions and, in addition, made 2,397 domiciliary visits.

REVOLVING SHELTERS.

Improved housing conditions, and the rehousing of tuberculous patients in suitable accommodation, has resulted in a further decline in the use of these revolving shelters. 35 shelters were in use and 39 in store at the end of the year, compared with 41 and 38 respectively at the end of 1955. The Council has authorised the sale of further surplus shelters.

EXTRA NOURISHMENT.

14 patients have been provided with maltoline and iron, and 5 with cod liver oil, free of charge, on the recommendations of the chest physicians. 72 cases were supplied with free milk as their financial circumstances precluded them from obtaining this in sufficient quantities otherwise.

REHABILITATION.

The Council has continued to pay rehabilitation fees at colonies for suitable cases recommended by the chest physicians and accepted by the colonies. At the end of the year, 7 patients were being rehabilitated at Papworth and 1 at Preston Hall, Maidstone.

NOTIFICATIONS.

The number of new cases reported by formal notification during the year was 188. Comparable figures for the past 5 years are:—

Year.	No. of pulmonary cases.	Case-rate.	No. of non-pulmonary cases.	Case-rate.
1952	239	0.64	71	0.19
1953	170	0.45	54	0.14
1954	167	0.44	46	0.12
1955	153	0.41	36	0.095
1956	149	0.39	39	0.10

MORTALITY.

The figures for the past 5 years are:—

Year.	No. of pulmonary cases.	Death-rate.	No. of non-pulmonary cases.	Death-rate.
1952	35	0.09	14	0.04
1953	24	0.06	2	0.005
1954	34	0.09	7	0.018
1955	24	0.06	8	0.021
1956	21	0.05	3	0.008

AFTER-CARE REGISTER.

At the end of the year, 1,503 cases were on the register, as follows:—

	Male	Female	Total
Pulmonary ...	752	612	1,364
Non-pulmonary ...	65	74	139
	<hr/> 817 <hr/>	<hr/> 686 <hr/>	<hr/> 1,503 <hr/>

REPORTS OF CHEST PHYSICIANS.

Dr. A. H. C. Couch, chest physician for the eastern half of the county, reports:—

“The existing arrangements for prevention, diagnosis, and treatment of tuberculosis have continued to work smoothly. The family doctors of the area have made full use of the facilities for chest X-rays without prior appointment.

The following analysis of these X-rays taken during the last three years may be of interest. The figures refer to both Norwich City and East Norfolk patients, as the statistics for X-ray only are not kept separately. The population served is approximately 335,000; about 70% came from general practitioners, the rest from ante-natal service, hospital staff, school staff, etc.

	1954 Total Rate per 1,000	1955 Total Rate per 1,000	1956 Total Rate per 1,000	GRAND TOTAL Rate per 1,000
Total number of patients sent for X-ray only...	6,683	8,008	8,605	23,296
Number of recalls for appointments ...	328 49.1	286 35.7	381 44.3	995 42.7
Number of active cases of pulmonary tuberculosis ...	36 5.4	28 3.5	42 4.9	106 4.6
Number of thoracic carcinomas found ...	40 6.0	17 2.1	25 2.9	82 3.5

A rate of 4.6 per thousand for pulmonary tuberculosis and 3.5 per thousand for carcinoma of the bronchus is a very useful discovery rate which fully justifies the existence of the unit. It should also be remembered that the recall rate of 42.7 per thousand does not include the many cases of lung inflammation which are discovered but not called up for appointment because they resolve with treatment by general practitioners, as demonstrated by a second film after a few weeks.

It is also interesting to note that nine pregnant women were found through this service to have active pulmonary tuberculosis and were thus able to have treatment started before their confinement. During this period, six women were found to have active pulmonary tuberculosis shortly after confinement and one had infected the baby. I estimate that at present only 45% of the pregnant women in this area are as yet availing themselves of this service, and would again stress its great value in early diagnosis and prevention.

During 1956, 23 children under the age of 15, who were referred by X-ray only, were subsequently diagnosed as having atelectasis and 7 bronchiectasis. I believe that early diagnosis and the vigorous and prolonged treatment of these conditions in children will prevent much disability in later life.

Incidence. The number of new cases of tuberculosis has fallen again, but this does not necessarily mean that undiagnosed tuberculosis is rarely present in the general population. Until we have regular X-rays of the bulk of the population one can never feel that the situation is adequately under control. It will be necessary to find some other method of bringing X-rays to patients, probably with the aid of newer and more mobile apparatus.

Case Finding. In two areas, the District County Medical Officers have tuberculin tested a whole school. The incidence of positive re-actors was not unduly high; this measure discovered one case of active primary tuberculosis in a child.

Contact Examination. This continued to be a valuable part of preventive work and is carried out to the fullest possible extent. B.C.G. is offered to all suitable contacts and is very rarely refused.

Housing. Considerable difficulty has been experienced during the year in re-housing tuberculous families. The problem is different from that found years ago as modern treatment can make the patients non-infectious in the great majority of cases so that one does not often need to ask for re-housing because of the presence of an infectious tuberculous patient. The great need for re-housing is felt when the time comes for rehabilitation, re-training and finding a suitable job. Where the patient's previous work is medically undesirable he can frequently be re-trained in something suitable. This type of work is usually only available near a large centre of population. Travelling from his previous home will probably mean a long and unnecessarily tiring journey, which will greatly add to the chance of a relapse. This is where re-housing is required as a preventive measure and in such a situation housing authorities do not give as much help as they should. The numerous separate housing authorities are a great handicap in this matter, particularly as co-operation between separate authorities is very slight.

The housing authorities in the county compare unfavourably with Norwich City Housing Authorities, who have recently re-housed two county patients, who had obtained suitable work in Norwich."

Dr. G. F. Barran, chest physician for the western half of the county, reports:—

"The preventive, therapeutic and after-care arrangements, described in previous reports, are continuing on established lines with satisfactory results.

The mortality rate shows a further slight reduction to the lowest level ever recorded and, as a cause of death, tuberculosis is in Norfolk not the serious killing disease that it was in the past. Treatment with the help of modern drugs and chest surgery, is shorter, witness the empty beds in sanatoria; it can be initiated immediately on diagnosis being made, and it is more effective.

It is doubtful, however, whether there is any immediate prospect of a further substantial fall in the mortality rate until the incidence of the disease is reduced. The number of notifications is not an accurate estimate of true incidence, for the more thorough the search the more new cases will be found. But none the less, a greater fall in incidence than that which has occurred during the past few years would be a most encouraging sign of further progress in tuberculosis control. Meanwhile it is gratifying to record that clinical observation, if not statistical proof, strongly suggests that the diagnosis is being made at an earlier stage in the development of the disease. Exceptions to this are still unfortunately found, but it is most unusual to find a case in which the disease is so advanced that considerable alleviation cannot be made by treatment.

The Mass Radiography Unit visited King's Lynn during the year and of 8,334 volunteers examined, 12 cases of active tuberculous disease were found. Judging by the results of the work of the Unit in the previous years, there is no doubt that it produces a more rewarding result when working in an urban community such as King's Lynn than in the small country towns in the surrounding district.

The finding and rendering non-infectious of the established case, with prophylactic B.C.G. vaccination of those at greatest risk, together with measures for improving living conditions, in which the active co-operation of housing departments plays a helpful part, are the established methods of prevention which are being actively pursued.

The information that the Ministry of Agriculture is proposing to declare Norfolk an Attested area in two years' time is most gratifying and long-awaited news; the bringing into effect of this policy should virtually eliminate bovine infection as a cause of endemic tuberculous disease in the county. Meanwhile, the feeding, particularly to young children, of raw undesignated milk is a danger which cannot be too strongly stressed.

Much still requires to be done and it will be many years before tuberculosis is no longer a problem, but the present methods of control and treatment are at least producing results and an intensification of effort on existing lines is indicated."

PROTECTION OF CHILDREN FROM TUBERCULOSIS.

This scheme, arranged in accordance with the Ministry of Health circular 64/50, was described in the 1950 report and has continued unchanged. 58 X-ray examinations were made during the year.

VENEREAL DISEASE.

The follow-up scheme detailed in the report for 1949 has continued, although the number of cases in which the aid of the Council's staff has been invoked has been very small.

Returns received from the Norwich and King's Lynn treatment centres show that 226 new Norfolk cases attended the centres:—

Syphilis	...	14
Gonorrhoea	...	35
Other	...	177
		—
		226
		—

Dr. H. L. Rogerson, venereologist at the Norwich centre, reports in respect of East Norfolk:—

"There was a slight drop in the figures for new cases for all the venereal diseases compared with the previous year. For all the conditions, except late syphilis, this is the general trend. In the case of late syphilis a steady drop in new cases from now on should occur, because the usual minimum incubation period has elapsed since the sudden downward trend in the incidence of early syphilis some years ago. There was a slight increase in the incidence of non-gonococcal urethritis, a most distressing condition since it occurs frequently in married couples without extra-marital exposure. Strictly speaking it is not a venereal disease at all from the domestic standpoint, but

since the condition can resemble gonorrhoea very closely, most cases find their way to the clinic for venereal disease. It is most important that, in all cases of urethral discharge in the male, a slide be examined before any treatment is given.

It is still recommended that all pregnant women who have been treated for acquired syphilis in the past, have a course of treatment during subsequent pregnancies."

PROVISION OF NURSING EQUIPMENT.

The Norfolk branches of the British Red Cross and the St. John Ambulance Brigade have continued to act as agents for the Council for the loan of nursing equipment. 136 depots throughout the county were available and 2,622 patients took advantage of this scheme. The ready co-operation of the voluntary organisations and the help rendered by the voluntary personnel at the various depots, is appreciated by patients and by the Council.

No major item of nursing equipment was purchased by the Council during the year for loan to patients.

RECUPERATIVE HOMES.

The Council has provided periods of recuperative convalescence at voluntary homes for cases recommended by doctors or hospitals. These patients require rest, fresh air and good food, but are not in need of regular medical or nursing care. 10 cases were sent to convalescent homes during the year.

XII. HOME HELP SERVICE.

This service has been kept constantly under review to ensure the greatest economy commensurate with the needs of the households assisted. While the total number of cases assisted during the twelve months was only 10 more than in the previous year, the number of hours of service provided increased by 12,000. This is due to the ever-increasing number of long-term sick, old age and blind cases requiring assistance throughout the year. No less than 311 of the 987 cases received service throughout the entire period, 44 more than in 1955. Cases receiving assistance for more than 4 weeks accounted for some 94% of the total hours of service provided. These details clearly illustrate the increasing importance of the home help service as a means of enabling elderly people to remain in their own homes. This is a vital contribution towards the well-being of the aged, which is an ever-increasing problem in this age of longevity. Further, this service is invaluable as a means of containing within reasonable limits the demands upon residential accommodation in local authority homes and hostels and in regional hospital board establishments.

The Council's arrangement with the National Assistance Board, detailed in the 1954 report, has continued to work most satisfactorily. No case needing home help service is rejected through inability to pay, and net expenditure has been maintained at a reasonable level.

TABLE 4.

HOME HELP SERVICE.

SUMMARY OF THE DURATION OF CASES ASSISTED DURING THE PERIOD 1ST JANUARY TO 31ST DECEMBER, 1956

Type of case.	Cases assisted up to												Hours of service provided.	Percentage of total service.	Total cases assisted.			
	Weeks.					Months.												
	1	2	3	4	2	3	4	5	6	7	8	9				10	11	12
Maternity ...	5	40	57	4	—	—	—	—	—	—	—	—	—	—	—	5,349 $\frac{3}{4}$	2.17	106
Children without mothers ...	—	4	—	—	—	4	2	—	1	—	1	2	—	—	2	4,454 $\frac{3}{4}$	1.81	16
Post-operative ...	—	3	1	4	—	2	—	1	1	—	—	—	1	—	2	1,739	.70	15
Sick and Old Age ...	26	30	29	45	68	35	37	24	44	44	32	33	27	31	290	221,026 $\frac{3}{4}$	89.65	795
Blind ...	2	—	—	2	6	5	—	3	1	4	1	2	2	1	15	11,386 $\frac{3}{4}$	4.62	44
Tuberculosis ...	—	—	1	2	2	1	—	1	1	1	—	—	—	—	2	2,585 $\frac{3}{4}$	1.05	11
Totals ...	33	77	88	57	76	47	39	29	48	49	34	37	30	32	311	246,542 $\frac{3}{4}$	100.00	987

The following are details of the numbers of cases assisted during the past three years:—

	1956	1955	1954
Maternity ...	106	127	166
Tuberculosis ...	11	13	24
Other ...	870	837	1,018
	<hr/> 987 <hr/>	<hr/> 977 <hr/>	<hr/> 1,208 <hr/>

Home helps employed at the end of each of the last three years were as follows:—

	1956	1955	1954
Whole-time ...	2	2	2
Part-time ...	13	16	16
Occasional ...	373	338	304
	<hr/> 388 <hr/>	<hr/> 356 <hr/>	<hr/> 322 <hr/>

The wages of home helps were increased to 2/9³/₈d. per hour with effect from 5th March, 1956. Paid holidays and sick leave were introduced at the beginning of the year for the occasional home helps who had been continuously employed for a minimum period of six months.

The whole-time home help organiser has continued to be responsible for the general administration of the scheme, the supervision of home helps and the investigation of special cases referred from the local health areas. The day-to-day administration of the scheme has been carried out in the local health offices, the Council's local welfare officers being responsible for the day-to-day field work.

The table on page 32 shows the number of cases assisted and the duration of the assistance provided during 1956.

XIII. MENTAL HEALTH.

ADMINISTRATION.

COMMITTEE.

The Mental Health Sub-Committee includes representatives of voluntary organisations and meets monthly.

STAFF.

There has been no change in the administrative arrangements or the number of staff employed. Dr. A. S. Carey, who was previously the responsible medical officer, left the service of the Council during the year to take up an appointment with the Liverpool Regional Hospital Board, and Dr. A. G. Scott, Deputy County Medical Officer, has now taken over these functions.

The following medical officers are approved by the Council under the Mental Deficiency Acts:—

Dr. J. V. Morris	Dr. K. F. Alford
Dr. E. Fischer	Dr. A. G. Scott
Dr. A. E. Lorenzen	

The fullest possible co-operation is received from consultant psychiatrists attached to local hospitals and, whenever necessary, one of them is called in to advise on cases.

Training of Staff.

(a) *Mental Illness.* During the year, the field welfare staff and some health visitors attended a residential course at St. Andrew's Hospital, which was arranged by the Regional Hospital Board for hospital and local authorities' staffs in the Eastern Region. This course was most interesting and instructive. Subjects covered included statistics, modern methods of treatment, insulin nursing, mental incapacities in old people, the work of psychiatric social workers and mental deficiency. An address on the psychiatric aspects of public health was given by the County Medical Officer. Selected welfare officers also continued to attend weekly lectures at St. Andrew's Hospital.

(b) *Mental Deficiency.* The second assistant at King's Lynn occupation centre attended a refresher course in London arranged by the National Association for Mental Health.

ACCOUNT OF WORK UNDERTAKEN IN THE COMMUNITY.

UNDER SECTION 28 OF THE NATIONAL HEALTH SERVICE ACT, 1948.

(a) *Prevention.* In conjunction with the patient's doctor, the local welfare officers arrange attendances at psychiatric out-patient clinics. These officers are in a position to contribute towards the assessment of family problems and they call in specialist officers whenever necessary. A great deal of emphasis has been placed on the question of problem families and headquarters' and field staff have attended co-ordinating conferences arranged by the Children's Officer. At these conferences, many aspects of mental health work are involved.

The adult psychiatric clinic for mental defectives and other problem cases was continued and during the year 19 sessions were held and 55 patients seen. Dr. J. V. Morris is the consultant for this clinic, and also for the Education Committee's child guidance clinics. The latter help very considerably in the prevention of mental illness by correcting maladjustment in children and affording advice to worried parents.

The psychiatric social club, referred to in the next paragraph, also caters for prevention cases.

(b) *After-Care.* The Council's field staff has continued to carry out after-care work for the local hospitals and there was again an increase in the number of cases referred. Every case is visited at least once, and advice and assistance is given, particularly with regard to financial matters, family problems and re-adjustment in the community.

On the recommendation of the Medical Superintendent of Helleston Hospital, the Council accepted responsibility for the maintenance of a patient at the Mental Health After-Care Association's Home at Cheam, Surrey.

The outstanding development during the year was the establishment of a psychiatric social club in the Norwich area. There are, of course, many difficulties in running a club of this description in a rural county, but the psychiatric social worker, from her experience in the field, felt that the development of such a club would help in the social readjustment of several patients, the majority of whom felt unable to mix with people and lacked confidence to attend public gatherings in their own villages. It was considered that the functions of the club should include a preventive aspect by assisting persons who might be developing a psychiatric illness, and an after-care aspect

by helping in the social rehabilitation of persons who had had psychiatric treatment. Accordingly, the medical superintendents of the two mental hospitals were approached and their whole-hearted co-operation was given. The Mental Health Sub-Committee approved of clinic rooms at the local health office in Norwich being used for the purpose and authorised the provision of light refreshments.

The club, which was restricted to female members, started in a small way with a limited attendance of selected cases, most of whom were able to travel by public services, but some were provided with transport. The club was an immediate success and since it opened in February it has made marked progress. Initially, the meetings took the form of an informal discussion over a cup of tea under the guidance of the psychiatric social worker, who was also available to help with specific problems or to give general advice. Participation in this simple and acceptable form of group activity, with the realisation that there were other people with difficulties similar to their own, encouraged the members to become more self-confident and helped them to develop their social relations with other members of the community. The club had not been running very long before the members expressed an interest in having talks and demonstrations and in undertaking handicraft work. With the guidance and encouragement of the psychiatric social worker, a members' committee was formed, programmes planned and the Chairman of the Mental Health Sub-Committee (Captain E. Murray Harvey, O.B.E., M.C., F.R.G.S.) accepted an invitation to become the club's President. Towards the end of the year, a News Sheet was started, with contributions by members. This enables those who have left the club to keep in touch with the activities and also provides interest to a wider circle of persons either directly or indirectly associated with the mental health service. A summer outing and Christmas party were also arranged.

It is believed that this psychiatric social club is one of the first in the country to be run in a rural area, and our experience so far has fully justified the experiment and, in fact, if suitable staff were available, the Mental Health Sub-Committee would undoubtedly consider the establishment of further clubs in other parts of the county.

(c) *Mental Health Exhibition.* In April, members of the department co-operated in the organisation of a mental health exhibition which was staged in Norwich under arrangements made by the staffs of the three local mental hospitals, in association with the Ministry of Health and the Ministry of Labour and National Service. The exhibition portrayed many aspects of mental illness, mental deficiency, and treatment, and public lectures by psychiatrists and others engaged in the mental health field were given each afternoon. The purpose of the exhibition was to dispel public ignorance about mental disorder and to make people aware of what the mental hospitals and the mental health service are doing. There was also a subsidiary hope of attracting student nurses.

The Council's local welfare officers staffed a "Question Corner" on a rota basis throughout the exhibition and the arrangements made attracted a considerable amount of public interest.

UNDER THE LUNACY AND MENTAL TREATMENT ACTS, 1890-1930.

The major part of the field work is undertaken by the local welfare officers who act as duly authorised officers and have a ready contact with the general practitioners and the medical superintendents of the hospitals.

They prepare social histories in respect of all cases admitted to mental hospitals and the detailed personal and family history in these reports is of great assistance to the hospital medical staff. Where appropriate, every effort is made to avoid certification and the statistical report shows a further rise in the number of voluntary admissions during the year.

The problem of insufficient accommodation for senile dementia cases continues and once again it has been necessary for a number of elderly people to be certified and admitted to hospitals owing to the fact that vacancies were not immediately available at The Vale Hospital, Swainsthorpe. This is a separate hospital under the Hellesdon Group, and specifically caters for the care of this type of patient.

During the year, the Council introduced a scheme for insurance of officers subject to special risks and this includes the local welfare officers as duly authorised officers. The Mental Health Sub-Committee agreed that work undertaken by them on behalf of the mental hospitals in the return of escaped patients or patients on leave, should be regarded as part of the official duties of the officers concerned and thus covered by the Council's insurance.

UNDER THE MENTAL DEFICIENCY ACTS, 1913-1938.

(a) *Ascertainment.* In each case brought to notice, a report is submitted to the Mental Health Sub-Committee for a decision as to the action to be taken.

(b) *Supervision.* Supervision is, in general, carried out by the local welfare officers or the psychiatric social worker, but the health visitors or district nurses supervise a limited number of special cases, particularly where there are physical problems.

As noted in previous reports, children who are excluded from school, but who are not able to attend occupation centres, are provided with similar medical facilities to school children in that arrangements are made for periodical examinations by the Council's medical staff and, where necessary, extra nourishment is provided. Close consultation is maintained with the youth employment officer, particularly in cases dealt with under Section 57 (5) of the Education Act, 1944, and every effort is made to ensure that defectives are placed in suitable employment.

It will be seen from the statistical portion of the report that there has been a substantial rise in the number of cases under supervision in the community. This is partly due to better ascertainment, but also to an increase in the number of patients discharged from mental deficiency hospitals following recent judgments in the High Court. There is no question that, wherever possible, patients should be cared for in the community, but it is doubtful whether the present suggestion of discharging patients after one year's licence is the most satisfactory method of dealing with the problem. Many defectives require support for a longer period, and the knowledge that they are under Order is often a stabilising factor in their resettlement into the community. Licence for indefinite periods is, of course, not something which should be encouraged, but it does seem desirable to deal with cases by periodical review based on the merits of the circumstances of each individual person.

(c) *Accommodation and Waiting List.* There is still a lengthy waiting list, and there has been little change during the year. If it were not for the very considerable number of cases who are provided with temporary care and the

relief thus afforded to the parents, the pressure for admission, particularly in low-grade cases, would be very much greater. As it is, there are some twenty low-grade cases who cause a very great deal of family difficulty, and whose removal would be to the benefit of the health of all concerned.

(d) *Admissions for Temporary Care.* With the co-operation of Dr. Morris, Medical Superintendent, an increased number of patients were accommodated for temporary treatment during the year. In one case in which Dr. Morris could not assist, arrangements were made for the child concerned to be admitted to a private home for a short period under the Council's scheme under Section 28 of the National Health Service Act.

(e) *Guardianship.* No great changes have taken place during the year in the number of cases under guardianship.

(f) *Hospital Care—General.* At the invitation of Dr. Morris, members of the Health Committee paid a visit to Little Plumstead Hospital on the 1st August, and were conducted round by the Deputy Medical Superintendent, Dr. E. Fischer. There have been many outstanding improvements at this hospital during the past few years, and the Committee were particularly interested in the new low-grade villas and the villa for delinquent male defectives. The visit also enabled the members to appreciate the extent of the overcrowding at the hospital and the impossibility of reducing the waiting list until further new accommodation can be provided.

(g) *Occupation and Training of Defectives.*

(i) *Occupation Centres.* Both the existing centres at King's Lynn and Sprowston have continued to provide excellent training and have been the subject of satisfactory reports from the Board of Control.

The assistance given by the Great Yarmouth authority in accepting children at the centre from the eastern part of the county also enables training to be given to 14 children who would otherwise not be able to attend a full-time centre.

Summer outings, Christmas parties and Open Days were held at all centres. At the Open Days, parents and visitors saw the high standard of training and could purchase handicraft work made by the pupils, the proceeds being paid to the County Fund towards the cost of materials used. At the King's Lynn centre, the Mayor and Mayoress attended.

At the request of the National Association for Mental Health, a student attending the Diploma Course for Occupation Centre Staffs was attached to the Sprowston occupation centre for practical work.

Efforts have been made to obtain a suitable site for the proposed occupation centre at Attleborough and provisional planning permission has been obtained. The Ministry of Health has indicated approval, in principle, of the necessary capital expenditure and it is hoped that once the site is purchased it will be possible to proceed with the building work during 1957.

(ii) *Home Teaching and Day Occupation Centres.* The six day occupation centres which have been mentioned in previous years are still being run on the same lines, and satisfactory reports were received from the Board of Control inspectors who visited during the year. Suggestions by one of the inspectors for following a more specific time table and for including speech training have been adopted. The home teachers continue to give training to adult defectives in their own homes and it will be noted from the statistical

portion of the report that 136 cases are now being dealt with in this way by the two home teachers.

(iii) *Care of Low-Grade Children.* The scheme of home attendants which was commenced in 1955 has continued successfully. A home attendant is provided for a few hours each week in any case where the defective needs full care and supervision, thus enabling the mother to undertake her shopping or deal with other personal affairs. Parents are not required to make any payment for this service.

MENTAL HEALTH STATISTICS AT 31ST DECEMBER, 1956.

(For the purpose of comparison, the figures at 31st December, 1955, are shown in brackets.)

1. MENTAL PATIENTS.

(a) *Admissions during the year.*

Name of hospital.	Certified.		Voluntary.		Temporary.		Totals.	
	M.	F.	M.	F.	M.	F.	M.	F.
St. Andrew's Hospital, Thorpe ...	28(20)	46(51)	202(155)	281(245)	-(3)	1(-)	230(178)	328(296)
Hellesdon Hospital ...	19(22)	23(33)	86 (93)	162(151)	1(-)	1(1)	106(115)	186(185)
Other hospitals ...	1 (2)	1 (-)	3 (8)	5 (6)	-(-)	-(-)	4 (10)	6 (6)
Totals ...	48(44)	70(84)	291(256)	448(402)	1(3)	2(1)	340(303)	520(487)
Uncertified senile dementia cases admitted to The Vale Hospital, Swainsthorpe ...							36 (22)	30 (15)
TOTAL ADMISSIONS ...							376(325)	550(502)
GRAND TOTAL ...							926 (827)	

(b) *Admissions under Section 20 and Section 21 of the Lunacy Act, 1890* ... M. 16 (11) F. 29 (21)

(c) *Discharged patients referred by the hospitals during the year for after-care* ... 597(513)

2. MENTAL DEFECTIVES.

(a) *Certified cases in institutions.*

Name of Institution.	Male.	Female.	Total.
Little Plumstead Hospital and ancillaries	261(267)	315(341)	576(608)
Other certified accommodation ...	52 (44)	34 (33)	86 (77)
Totals ...	313(311)	349(374)	662(685)

(b) *Cases in community.*

	Male.	Female.	Total.
Number of cases under statutory supervision			
(i) Under 16 years of age ...	122(107)	77 (74)	199(181)
(ii) 16 years of age and over ...	248(254)	212(208)	460(462)
Totals ...	370(361)	289(282)	659(643)
Number of cases under friendly supervision	139(103)	72 (65)	211(168)
Number of cases under guardianship ...	6 (9)	14 (15)	20 (24)
In county homes or other establishments	38 (36)	51 (48)	89 (84)
GRAND TOTALS ...	553(509)	426(410)	979(919)

TOTAL cases in county—(a) and (b)	1641 (1604)
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Rate per thousand based on Registrar-General's estimate of population of the county—June, 1956:

379,900	4.32
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(c) *Number of new cases reported during the year.*

	Male.	Female.	Total.
(i) Notified by Education Committee under Section 57(3) of Education Act, 1944	21 (12)	9 (16)	30 (28)
(ii) Notified by Education Committee under Section 57(5) of Education Act, 1944	32 (28)	21 (16)	53 (44)
(iii) Other cases reported and ascertained	19 (12)	12 (16)	31 (28)
(iv) Number of cases reported but not yet dealt with	10 (5)	10 (8)	20 (13)
Totals ...	82 (57)	52 (56)	134(113)

(d) *Certified cases admitted to institutions during the year.*

Name of Institution.	Male.	Female.	Total.
Little Plumstead Hospital and ancillaries	16 (14)	13 (26)	29 (40)
Others	5 (—)	2 (1)	7 (1)
Totals ...	21 (14)	15 (27)	36 (41)

(e) *Admissions for temporary care under Circular 5/52.*

	Male	Female	Total
(i) To Regional Hospital Board establishments			
(1) For one day	20 (10)	15 (8)	35 (18)
(2) For longer periods ...	20 (21)	25 (17)	45 (38)
(ii) Other establishments	— (—)	1 (—)	1 (—)
Totals ...	40 (31)	41 (25)	81 (56)

(f) *Receiving Training.*

	Male	Female	Total
(i) At occupation centres ...	42 (41)	31 (30)	73 (71)
(ii) Under home teachers ...			
(1) At Home	41 (46)	95 (88)	136 (134)
(2) At day occupation centres...	33 (27)	16 (19)	49 (46)
Totals ...	116 (114)	142 (137)	259 (251)

(g) *Number of mental defectives on waiting list for admission to an institution.*

	Male.	Female.	Total.
URGENT CASES.			
Idiots	5 (4)	7 (6)	12 (10)
Imbeciles	12 (10)	12 (11)	24 (21)
Feeble-minded ...	3 (2)	2 (1)	5 (3)
	20 (16)	21 (18)	41 (34)
NOT SO URGENT.			
Idiots	7 (7)	3 (3)	10 (10)
Imbeciles	9 (13)	6 (7)	15 (20)
Feeble-minded ...	7 (7)	8 (9)	15 (16)
	23 (27)	17 (19)	40 (46)
GRAND TOTALS ...	43 (43)	38 (37)	81 (80)

XIV. PREVENTION OF BREAK-UP OF FAMILIES.

In recent years there have been two Ministerial circulars with a direct bearing on this matter, the first in 1950 relating to the prevention of neglect of children in their own homes, and the second in 1954 relating directly to the prevention of the break-up of families.

The latter circular re-emphasised the part to be played by the services and staffs of health departments and suggested a review of the work and functions of the staff, particularly on the health visiting side, so as to strengthen the preventive service still further.

Under the original circular of 1950, the Council appointed the Children's Officer as the co-ordinating officer and when the second circular was issued it was obvious that the problems were often inter-related. A conference was therefore held with the Children's Officer to discuss the best method of improving existing arrangements. Up to that time, the number of area conferences called by the co-ordinating officer to consider problem families had been very limited, but it was agreed that these should be greatly increased and their range widened to include prevention as well as neglect.

These conferences are held on the basis of the local health areas of the county and all interested departments, services and voluntary organisations are invited to attend and to refer cases for discussion. Ideas and points of view are exchanged so that a decision can be made as to the best method of dealing with the family, and also as to the officer most appropriate to continue intensive visiting. By this means, duplication of visitation is avoided, and the officer concerned knows that the main effort in rehabilitation rests in his or her hands.

The health visiting and welfare services attached to the health department always play an important part in the prevention of break-up of families, particularly as many family difficulties originate in temporary acute illness or by reason of the inadequacy of parents. There is also a large number of cases in which the mental capacity of the parents necessitates their receiving

a great deal of support. For this purpose all the Council's services are brought into play, including the child guidance service which can advise and assist parents where maladjusted or badly behaved children are concerned.

Another aspect which frequently arises is the threat of eviction. Here the local welfare officers have achieved some outstanding successes in seeing the man of the house and making arrangements for regular payment of rent and often of substantial arrears. Efforts of this kind, coupled with close co-operation between departments of the Council concerned, the local housing authority, and the National Assistance Board, have produced a practical working arrangement which is helping to avoid evictions and thus prevent the break-up of families.

Whilst the problem of cruelty and child neglect does not exist to any serious extent in the county, there are difficulties in various areas, particularly where sub-standard housing accommodation on former aerodrome sites is still in use. It may be interesting to record that nine area conferences have been held in 1956, and approximately 126 cases considered.

Following one of the conferences, a mother and child were sent to the Brentwood Recuperative Centre, Marple, Cheshire, for training and rehabilitation. In this case, the housing authority was prepared to offer a flat to the young couple and child if some training was given in running a home. Following training at Brentwood, there was an improvement, the new home was occupied and is still being maintained.

The Council's home help service has been used in a number of cases, not merely to provide assistance in the home, but by the selection of a suitable home help to encourage and help to train the mother in her own home. It is believed that much more could be done in this way, but often the husband is not prepared to pay the contribution assessment, and at the end of the year consideration was being given to the introduction of a scheme which would provide for the appointment of a number of suitable home helps throughout the county and allow contributions to be waived where it was considered such action would be in the interests of the family.

It would certainly seem that the best chance of rehabilitation is in the actual home. Here all the members of the family will be together in the normal environment, whereas the mother who is sent away for training is in artificial surroundings. This is particularly true in country districts where facilities for cooking, washing, bathing, etc., are often primitive. The early contact which health visitors and district nurses have with parents and their children, and the advice and guidance given, must help to prevent the creation of "problem families" or the break-up of family life. These officers together with the welfare officers undoubtedly make a major contribution to prevention, though much of the work never comes to notice and must, by its very nature, when successful, never be apparent.

XV. NATIONAL ASSISTANCE ACT, 1948.

The Health Committee is responsible for the welfare of persons who are blind, deaf, dumb, or substantially and permanently handicapped by illness, injury or congenital deformity, in accordance with schemes approved by the Ministry of Health under Sections 29 and 30 of this Act.

WELFARE OF THE BLIND.

There has been no change in this scheme, details of which were given in the report for 1949.

REGISTRATION.

The numbers of cases examined and certified during the past five years are as follows:—

Year.	No. examined.		No. certified.		Percentage certified.	
1952	...	168	...	103	...	61.31
1953	...	231	...	140	...	60.60
1954	...	200	...	128	...	64.00
1955	...	223	...	140	...	62.80
1956	...	196	...	128	...	65.30

Form B.D.8 was completed in all cases, and of those certified as blind, 104 (81.3%) were over 65 years of age.

Causes of blindness with numbers treated or for whom treatment was recommended:—

			Certified	Treatment received before certification	Treatment recommended
Myopic error	...		9	2	1
Optic atrophy	...		8	1	2
Macular changes	...		26	—	—
Diabetes	...		2	1	—
Glaucoma	...		15	1	2
Cataract	...		41	—	33
Others	...	...	27	2	4
			128	7	42

FOLLOW-UP OF REGISTERED BLIND AND PARTIALLY SIGHTED PERSONS.

(i) Number of cases registered during the year in respect of which Section F of Form B.D.8 recommends:	Cause of disability.							
	Cataract		Glaucoma		Retrolental fibroplasia		Others	
	B.	P.S.	B.	P.S.	B.	P.S.	B.	P.S.
(a) No treatment ...	10	4	6	1	—	—	63	24
(b) Treatment (medical, surgical or optical) ...	28	13	3	1	—	—	10	5
(ii) Number of cases at (i) (b) above, which on follow-up action have received treatment ...	2	3	—	—	—	—	6	2

OPHTHALMIA NEONATORUM.

Number of cases notified during the year ... 7

CASES ON REGISTER.

At 31st December, 1956, there were 886 registered blind, as follows:—

Age group	Males	Females	Total
1— 4 ...	1 (2)	2 (3)	3 (5)
5—15 ...	6 (7)	5 (5)	11 (12)
16—20 ...	7 (5)	2 (2)	9 (7)
21—39 ...	21 (19)	26 (25)	47 (44)
40—49 ...	24 (25)	19 (17)	43 (42)
50—64 ...	84 (82)	77 (76)	161 (158)
65—69 ...	41 (46)	42 (38)	83 (84)
70 and over...	215 (204)	314 (329)	529 (533)
	<hr/> 399 (390) <hr/>	<hr/> 487 (495) <hr/>	<hr/> 886 (885) <hr/>

(The figures in brackets indicate the position at the end of 1955.)

EDUCATION AND TRAINING.

The position at the end of the year was as follows:—

East Anglian Blind School, Gorleston	...	...	2
Sunshine House, Leamington	...	...	1
Royal Institution for the Blind, Birmingham	...	...	2
Royal School for the Blind, Bristol	...	...	1
Hethersett, Reigate	...	...	1
Ordinary schools	...	...	2
			<hr/> 9 <hr/>

In addition to the above, for which the Education Committee was responsible, one adult was being trained at the Norwich Institution for the Blind under the training scheme of the Ministry of Labour and National Service.

EMPLOYMENT.

(a) *Home Workers.* No changes have occurred in this scheme during the year. One female shopkeeper married during the year and ceased to be a home worker although she is continuing to manage her shop. At the end of the year, there were 8 home workers, as follows:—

Poultry keepers	...	...	...	2
Basket makers	...	...	...	2
Machine knitter	...	...	...	1
Shop keeper	...	...	...	1
Wire worker	...	...	...	1
Braille copyist	...	...	...	1
				<hr/> 8 <hr/>

(b) *Workshop employment.* One Norfolk blind person completed training at the Norwich Institution for the Blind and became a worker.

At the end of the year, 17 Norfolk blind persons were employed at the Institution as follows:—

Machine knitters	...	...	...	3
Basket makers	...	...	...	11
Brush makers	...	...	...	2
Steward	...	...	...	1
				—
				17
				—

(c) *Other employment.* In addition to the 8 home workers and the 17 workshop employees mentioned in the preceding paragraphs, 33 other blind persons were in employment at the end of the year:—

Collector	...	...	...	1
Masseur	...	...	...	1
Ministers of religion	...	...	...	2
Telephone operators	...	...	...	2
Piano tuner	...	...	...	1
Agents, shop keepers, etc.	...	...	...	5
Poultry keepers	...	...	...	8
Basket workers	...	...	...	3
Agricultural workers	...	...	...	4
Ambulance officer	...	...	...	1
Shorthand typist	...	...	...	1
Domestic and factory workers	...	...	...	2
Labourers	...	...	...	2
				—
				33
				—

4 persons were trained, but unemployed, at the end of the year. A further 13, although suitable for employment, had not received training, and the remaining persons on the register, 325 men and 468 women, were either not available for employment or were considered to be unemployable owing to age or illness.

(d) *Pastime occupation.* All blind persons not capable of employment, but who are capable of some form of pastime handicraft, are encouraged by the home teachers to accept instruction in one or other of the various crafts available for blind persons, including string bag making, stool seating, crino-thene and leather work, rug making, basketry, cane work, raffia work and knitting. The goods are sold locally by the blind themselves, and by means of a series of exhibitions and sales at social centres, factories and offices. By this means, a considerable number of the pastime handicraft workers are able to receive some small financial benefit from the sale of these articles, in addition to their interest in making them. The materials are provided by the Council at cost price.

The Blind Gardeners' Horticultural Society has continued to provide considerable pleasure for some 100 blind persons in the county. The annual exhibition was again held in September and over 70 blind exhibitors took part. Domestic and handicraft competitions were also included.

HOME TEACHING AND VISITING.

The 5 home teachers paid 8,827 visits during the year. In the course of their work, the home teachers are able to make general enquiries concerning the welfare of the blind persons, assist with the reading of embossed literature, give instructions or advice concerning pastime handicrafts, and note and report any general welfare matters requiring attention. The case load for each home teacher is in excess of that recommended by the Ministry of Health and the number of visits to individual blind persons has accordingly to be reduced.

The home teachers act as almoners for various charity pensions and a number of Norfolk residents are in receipt of pensions from the Gardeners' Trust, Royal Blind pensions and Hetherington Charity pensions.

SOCIAL CENTRES.

Five social centres (North Walsham, Diss, King's Lynn, Fakenham and Norwich) met monthly throughout the year. The Sheringham group met fortnightly during the earlier part of the year but these meetings, which ceased in the summer, were not resumed in the autumn. A fortnightly group meeting has been established at Downham Market. One social for the deaf/blind was also held.

The smooth running of these social centres depends very largely on voluntary helpers whose assistance, so readily given, is greatly appreciated. In this respect, the County Council is much indebted to the members of the British Red Cross Society, the W.V.S., the Diss and North Walsham Rotary Clubs, and to the individual voluntary drivers who have so kindly provided transport to bring to the centres those blind persons who would otherwise be unable to attend owing to age, infirmity or general lack of public transport. The County Council is further indebted to those who have so kindly arranged garden parties, entertainment, etc., for the benefit of the blind.

GENERAL.

The Council distributes wireless sets supplied by the British Wireless for the Blind Fund and maintains them in good condition for as long as they are capable of economic repair.

The Council has continued to pay grants to the National Library for Blind Readers in respect of 68 Norfolk blind persons. Braille and Moon magazines are also purchased by the Council and circulated to interested readers, while a small stock of books is kept for slower readers who do not wish to join the National Library.

A party of deaf/blind and hearing blind who would otherwise have been unable to take holidays as they had no guides, were again provided with holidays at Great Yarmouth, three of the home teachers acting as guides, while a number of persons were also assisted to enjoy holidays at the Isle of Ely Holiday Home, Hunstanton.

The £250 allocated by the Norwich Institution for the Blind from charitable funds was again distributed to necessitous cases, the money being used to provide Christmas gifts for the more needy and extra comforts outside the scope of the Council's scheme.

Full use was made of the W.V.S. clothing depots to assist necessitous blind persons.

The “ Closer Link ”, the quarterly bulletin for the Norfolk blind, has been continued and remains as popular as ever. The Rev. Cory Elvin has prepared two Braille copies of each number for circulation to deaf/blind persons, and thanks are expressed to him for this service, and also to the many contributors who have submitted articles for inclusion.

WELFARE OF THE PARTIALLY SIGHTED.

Persons on this register are those who suffer from a substantial and permanent defect of vision. They are visited at intervals by the home teachers and many of the facilities available for the blind are also available to them.

The number of cases on the register at the 31st December, 1956, was:—

Age group.	Male.	Female.	Total.
2— 4 ...	— (—)	— (1)	— (1)
5—15 ...	9 (10)	6 (4)	15 (14)
16—20 ...	6 (4)	9 (9)	15 (13)
21—49 ...	17 (18)	21 (21)	38 (39)
50—64 ...	20 (13)	24 (22)	44 (35)
65 and over	68 (73)	144 (143)	212 (216)
	120 (118)	204 (200)	324 (318)

(Figures in brackets are for 1955).

WELFARE OF THE DEAF, DUMB AND HARD OF HEARING.

REGISTRATION.

148 persons have applied for inclusion in the Council’s scheme and were registered at the end of the year as follows :—

Age group	Deaf and/or Dumb			Hard of hearing		
	Male	Female	Total	Male	Female	Total
16—49	23	26	49	10	9	19
50—64	11	7	18	8	13	21
65 and over	6	6	12	9	20	29
	40	39	79	27	42	69

GENERAL.

The County Council’s agency agreement with the Deaf and Dumb (Norwich and Norfolk) Association for the provision of welfare facilities for the deaf and dumb, has been continued. The Association undertakes to employ a fully qualified missionary at a salary in accordance with the scales recommended by the National Institute for the Deaf, and his services are shared between Norfolk, Norwich and Great Yarmouth. These three local authorities have contributed towards the cost of the provision of the missionary’s services at the rate of £1 per annum per 1,000 of population, for the current year. The Deaf and Dumb Association extended its activities towards the end of the year by providing the missionary with a car.

SOCIAL FACILITIES.

A social club in Norwich has been attended by deaf and dumb persons resident in the county and, towards the end of the year, as a result of a determined effort by the missionary, a club has been opened in King's Lynn which meets at present in the All Saints' Church School on one evening per month.

The Great Yarmouth club has been visited regularly by the missionary. The facilities of the club are available to the deaf in the county and the premises has been renovated and modernised.

WELFARE OF THE PHYSICALLY HANDICAPPED—GENERAL CLASSES.

REGISTRATION.

This section of the register is confined to those persons who are substantially and permanently handicapped by illness, injury or congenital deformity. The number on the register at the end of the year shows an increase of 66 compared with that at the end of 1955. The total number on the register at 31st December, 1956, was :—

Age Group			Male	Female	Total
16—49	...	...	219	128	347
50—64	...	...	174	73	247
65 and over	...	...	60	25	85
			453	226	679

These cases are recorded in accordance with the Ministry of Health classification as follows :—

			Male.	Female.	Total.
A/E	Amputation	... ..	51	17	68
F	Arthritis and rheumatism	...	44	45	89
G	Congenital malformations and deformities	... ..	25	18	43
H/L	Diseases of the heart, stomach and chest (other than tuberculosis)	...	65	23	88
Q/T	Injuries or diseases (other than tuberculosis) of the head and body	... ..	101	29	130
V	Organic nervous diseases	...	92	65	157
U/W	Neurosis, psychosis and other nervous and mental diseases not included in V	... ..	8	3	11
X	Tuberculosis (respiratory)	...	21	2	23
Y	Tuberculosis (non-respiratory)	...	10	9	19
Z	Other diseases and injuries	...	36	15	51
			453	226	679

EMPLOYMENT.

Grouping in relation to capacity and ability for work :—

	Male.	Female.	Total.
(a) Capable of work under ordinary industrial conditions	186	18	204
(b) Not capable of (a) but mobile and capable of work in sheltered work-shops	58	14	72
(c) Incapable of (a) or (b) but capable of work at home	24	18	42
(d) Incapable of, or not available for, work	185	176	361
	<hr/> 453	<hr/> 226	<hr/> 679

GENERAL.

Close co-operation has been maintained with the Ministry of Labour and National Service concerning the employment problems of disabled persons.

The Norfolk branch of the British Red Cross Society has continued to provide training in pastime handicrafts in approved cases, a fee being paid by the Council. The Council also made a grant towards the administrative expenses of this society in connection with welfare work carried out for physically handicapped persons.

The Council has also provided the Norfolk Association for the Welfare of the Physically Handicapped with clerical assistance and office accommodation in the Public Health Department, and has made a grant towards general expenses.

This association organised a further holiday camp at Gorleston during the summer for physically handicapped persons for the fourth consecutive year and financial assistance was given by the County Council to enable a number of cases to attend.

During the year, the association has held a series of meetings with a view to the establishment of district committees, on similar lines to that already functioning in King's Lynn and district. The Council's local welfare officers and in some instances, health visitors, have rendered valuable assistance in the formation of these committees.

The Norwich St. Raphael Club has continued to provide social facilities for physically handicapped persons in the fringe areas of Norwich and the King's Lynn St. Raphael Club has also held weekly meetings. During the year a new club was opened in the Wayland Rural District and it is hoped that further clubs may be established as a result of the efforts of the recently created district committees. Of the cases registered, 456 (310 men and 146 women) have indicated their desire to take part in social facilities.

The Council's thanks are extended to all members of the local voluntary organisations who have assisted in the welfare scheme for physically handicapped persons.

XVI. PREVALENCE OF AND CONTROL OVER INFECTIOUS AND OTHER DISEASES.

It will be noted that *measles* accounts for more than half the total number of cases notified during the year. There is usually a heavy incidence every other year and as the number of cases (1,268) notified in 1955 was low, a

larger number was expected in 1956, but the 2,389 cases is much less than the 1954 figure of 6,324. There were no deaths from this disease.

Whooping cough accounts for the next largest number (710) of notifications and there were 3 deaths, 2 of children under one year of age and the other of a child in the 1—5 age group. Although the increasing number of children being immunised against whooping cough does not necessarily mean a corresponding reduction in the number of cases occurring, the severity of the attack is considerably lessened in those who have been immunised.

The number of cases (479) of *dysentery* emphasises the necessity for scrupulous cleanliness in the handling, preparation and serving of food and the highest possible standard of personal hygiene.

There were 281 cases of *scarlet fever* but the disease nowadays is usually very mild and infrequently leads to complications.

For the second successive year no case of *diphtheria* was notified. The incidence over the last 7 years is as follows :—

1950	1951	1952	1953	1954	1955	1956
6	1	2	—	2	—	—

There has been no death from diphtheria in the county for ten years.

The incidence of *poliomyelitis* was much lower during 1956 than in previous years, only 10 cases occurring in the county. This number includes the child of a United States service man who was not formally notified and was admitted to a United States Air Force hospital.

Certain aspects of the cases merit mention. None was older than 16 and all but one were aged 9 years or less. This age distribution and the fact that 8 of the 10 cases developed paralysis are findings perhaps more characteristic of a non-epidemic, than an epidemic year.

The first case occurred in June, and from then until the end of the year, sporadic cases were notified from widely separated points in the county. A case in Forehoe and Henstead Rural District followed one in St. Faith's and Aylsham Rural District within the normally accepted incubation period of the disease, but there may not have been contact between the two. The remainder of the cases were not connected in any way with each other.

The *cancer* death rates per 1,000 of the population over the last 7 years are as follows :—

1950	1951	1952	1953	1954	1955	1956
1.81	1.86	1.79	1.86	2.12	1.97	1.88

The age distribution of the deaths in 1956 were as follows :—

	0—	1—	5—	15—	25—	45—	65—	75—	Total
Males	—	—	1	1	15	126	108	127	378
Females	—	2	—	1	16	108	116	94	337
	—	—	—	—	—	—	—	—	—
	—	2	1	2	31	234	224	221	715
	—	—	—	—	—	—	—	—	—

XVII. ENVIRONMENTAL HYGIENE.

The County Sanitary Officer reports as follows :—

WATER SUPPLIES AND SEWERAGE.

In my report for last year, the progress made since the coming into operation of the Act of 1944 was reviewed. The provision of piped water supplies and sewerage continues at an increasing rate and, as expected, the

NOTIFICATIONS OF INFECTIOUS AND OTHER NOTIFIABLE DISEASES.

TABLE 5.

Disease	Number of cases notified																											Totals
	Municipal Boroughs		Urban districts										Rural districts															
	King's Lynn	Thetford	Cromer	East Dereham	Diss	Downham Market	Hunstanton	North Walsham	Sheringham	Swaffham	Wells-next-the-Sea	Wymondham	Blofield & Flegg	Depwade	Docking	Downham	Erpingham	Forehoe & Henstead	Freebridge Lynn	Loddon	Marshland	Mitford & Launditch	St. Faith's & Aylsham	Smallburgh	Swaffham	Walsingham	Wayland	
Scarlet fever	1	1	1	38	1	—	—	—	—	4	—	2	33	16	1	13	12	25	5	36	2	43	20	10	12	1	4	281
Whooping cough	89	4	6	4	9	14	—	6	—	2	—	—	88	53	6	133	17	8	30	17	12	3	89	37	5	32	46	710
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles, excluding rubella	7	1	77	1	9	3	1	17	6	3	—	3	218	158	5	104	386	225	25	38	229	50	411	83	88	35	206	2389
Acute pneumonia (primary or influenzal) ...	25	6	—	18	1	6	1	1	—	4	—	3	33	13	2	34	2	15	4	8	5	16	15	16	9	14	19	270
Meningococcal infection	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	1	—	—	—	—	—	—	—	1	—	4
Ac. Poliomyelitis	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	3	—	2	—	—	—	1	1	—	—	1	—	9
Ac. Encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Dysentery	46	—	9	7	—	—	2	—	—	—	—	31	78	—	5	—	10	24	—	10	6	48	95	65	—	41	2	479
Ophthalmia neonatorum	—	3	—	—	—	—	—	—	—	—	—	—	—	2	—	1	—	—	—	—	—	1	1	—	—	—	—	8
Puerperal pyrexia and puerperal fever ...	1	1	—	1	—	—	—	—	—	—	—	—	2	—	1	—	—	3	—	2	—	1	4	1	2	—	—	19
Erysipelas	7	—	—	—	—	—	—	—	—	—	1	—	3	5	—	1	1	15	—	4	3	1	4	2	—	1	—	48
Food poisoning	1	—	—	3	—	—	—	—	—	—	—	1	7	—	—	—	—	2	—	2	4	1	18	3	2	9	—	53
Malaria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1
Jaundice or infective hepatitis	23	—	—	—	—	—	1	8	—	—	2	—	3	—	4	3	—	1	—	3	3	1	5	4	—	4	—	65
†Chickenpox	—	—	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	6
Paratyphoid fever	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	2
Enteric or Typhoid Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Weil's Disease	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Totals	200	16	99	72	20	23	5	32	7	13	3	40	468	249	24	292	428	321	64	121	264	166	663	221	119	139	277	4346

†This disease is notifiable only in Cromer U.D.

latter is becoming the major problem. As piped water supplies extend, this is inevitable and the local authorities and the County Council are facing a great deal of work involving vast expenditure.

Towards the end of the year, the Ministry of Housing and Local Government asked that water undertakings should be regrouped to form larger units. By arrangement with the Local Authorities' Associations, a panel of technical officers was appointed to examine the technical problems involved. It is expected that their findings will be made known by the end of 1957 and it is not, therefore, proposed to refer in detail to this work in this report.

MILK AND DAIRIES.

SPECIFIED AREAS.

The enforcement of the Milk (Special Designation) (Specified Areas) Order, 1955, proceeded smoothly during the year and there were no instances of milk being retailed in the area other than under designation. In a few instances, warnings were sent to retailers who were found not to be in possession of the necessary licences and the appropriate rural district councils were kept informed. Details of samples taken are given below :—

Exami- nations	Phosphatase		Void	Methylene Blue		Void
	Satis- factory	Unsatis- factory		Satis- factory	Unsatis- factory	
448	212	—	—	231	4	1
						(overnight shade temperature exceeded 65° F)

During the year, Ministry investigations were carried out with a view to extending the specified area in the county.

PASTEURISING PLANTS.

The number of pasteurising plants in operation at the end of the year (9) remained unchanged.

Samples of all grades of pasteurised milk from each of the plants were taken from the retail rounds and, in all, 1,062 examinations (not including informal samples) were carried out. Of these, 6 failed the phosphatase test and 30 proved unsatisfactory on methylene blue testing. One phosphatase test was void owing to milk control exceeding 1.5 lovibond blue units and 20 methylene blue tests were void owing to the overnight shade temperature exceeding 65° F.

Extensive alterations have been in progress during the year at one of the major dairies and at two others the system was changed from the holder method of pasteurising to the H.T.S.T. (high temperature short time) method. In each case, suitable testing of the new plant was completed before use.

An infringement of the Milk and Dairies Regulations, 1949, resulted in a letter of caution being sent to one plant proprietor and a similar letter was sent in respect of an infringement of the Food and Drugs Act, 1955, at another dairy.

STERILISED MILK.

There is only one supplier of this type of milk in the county and samples of milk have passed the prescribed test.

MILK IN SCHOOLS SCHEME.

On 1st January, 1956, all but six of the schools in the county were receiving pasteurised milk. From the 1st April, when further contract changes came into force, these six schools also received pasteurised milk. The position is shown as follows and it is pleasing to record that all schools now have bottled milk.

Type of Supply	No. of Schools	
	On 31.12.55	On 31.12.56
Pasteurised (bottled) ...	470	476
Tuberculin Tested (bottled) ...	2	—
Tuberculin Tested (bulk) ...	4	—
	<hr/> 476 <hr/>	<hr/> 476 <hr/>

The following table indicates the samples of milk which have been taken from schools during the year :—

Test	Number of examinations		Satisfactory	Unsatisfactory	Void
Methylene Blue (raw milk)	8	4	4	—
Methylene Blue (pasteurised milk)	368	301	51	16
Phosphatase (pasteurised milk)	368	365	3	—
	...	<hr/> 744 <hr/>	<hr/> 670 <hr/>	<hr/> 58 <hr/>	<hr/> 16 <hr/>

Large supply areas often result in milk having to be delivered overnight and left at the schools under storage conditions which are far from ideal. These factors may have some relation to the number of failing methylene blue samples which, although having no statutory significance, serve as a useful guide in the inspection of dairies and dairy plant.

From information obtained at the time of sampling at the schools and from dairy inspections, it is clear that more care is desirable in the rinsing of bottles at the schools as soon as possible after the milk has been consumed and before their return to the dairies.

MILK SUPPLIES TO COUNTY HOMES, HOSTELS AND CHILDREN'S HOMES.

As in previous years and due to routine systems of control and inspection at source, occasional milk samples only have been obtained from these establishments as and when they have been visited. The results of the sample examinations are as follows :—

	Number of examinations		Satisfactory	Unsatisfactory	Void
Methylene Blue Test	8	7	1	—
Phosphatase Test	5	5	—	—
		<hr/> 13 <hr/>	<hr/> 12 <hr/>	<hr/> 1 <hr/>	<hr/> — <hr/>

Food inspections at these establishments numbered 37.

TUBERCULOSIS IN MILK.

Three samples of pasteurised milk which failed the phosphatase test, nine samples of pasteurised milk from retail rounds in the specified area, and 1,807 samples from 1,786 herds, were examined biologically for tubercle bacilli during the year with the following results :—

Designation	Samples examined	Samples positive	Herds sampled	Herds positive	Samples negative	Samples examination incomplete
Tuberculin Tested (Attested)	9	—	5	—	9	—
Non-designated	1,798	40	1,781	39	1,675	83
Pasteurised	3	—	—	—	3	—
Pasteurised from retail rounds	9	—	—	—	9	—
	<u>1,819</u>	<u>40</u>	<u>1,786</u>	<u>39</u>	<u>1,696</u>	<u>83</u>

Subsequent investigations resulted in the slaughter of 26 cows which the veterinary officers had, by clinical or biological examination, identified as positive, but in a number of cases, as in previous years, producers had disposed of cows for slaughter during the period whilst the samples were under examination. In 9 cases, animals so disposed of were considered to be the probable cause of the infection in the milk.

In non-specified areas in the county, this work is of considerable importance in preventing the retail sale of tuberculous milk and, in specified areas, provides some protection for employees and their families on non-designated dairy farms.

The sampling results are compared with those of previous years in the following table :—

			Herds sampled	Herds positive	% Herds positive
1951	...	...	1,549	23	1.5
1952	...	...	1,637	28	1.7
1953	...	...	1,856	31	1.7
1954	...	...	1,940	39	2.0
1955	...	...	1,810	25	1.4
1956	...	...	1,786	39	2.2

BRUCELLA ABORTUS.

Designation	Samples	Herds	Herds negative	Herds positive	Herd examinations incomplete	Samples negative
Tuberculin Tested (Attested)	9	5	5	—	—	9
Pasteurised (Plant failures)	3	—	—	—	—	3
	<u>12</u>	<u>5</u>	<u>5</u>	<u>—</u>	<u>—</u>	<u>12</u>

In order to make the maximum use of guinea-pig supplies for the examination for tuberculosis, brucella abortus samples have continued to be restricted to supplies of raw milk destined for or delivered to county homes and establishments or to samples of pasteurised milk which have failed the phosphatase test.

The number of registered dairy farms at the end of the year was 2,440, of which 1,325 were tuberculin tested. This compares with 2,510 and 1,275 respectively at the end of 1955.

HOSPITAL DAIRY FARMS.

As in previous years, samples for biological and methylene blue examinations were taken from these farms at the request of the Ministry of Health as shown in the following table :—

	Methylene Blue		Tuberculosis		Brucella Abortus	
	Taken	Unsatisfactory	Taken	Positive	Taken	Positive
St. Andrew's Hospital ...	8	1	3	—	3	—
Little Plumstead Hall ...	8	1	3	—	3	—
	—	—	—	—	—	—
	16	2	6	—	6	—
	—	—	—	—	—	—

NATIONAL MILK TESTING SERVICE.

The pilot sampling scheme for methylene blue examinations from non-designated herds has been continued on behalf of the Ministry of Agriculture and details of the samples taken are as shown in the following table :—

	No. of Samples		No. of Failures	% of Failures
January	111	15	13.5
February	93	4	4.3
March	85	15	17.6
April	106	6	5.7
May	98	23	23.5
June	95	22	23.2
July	120	69	57.5
August	37	14	37.8
September	53	21	39.6
October	90	21	23.3
November	93	19	20.4
December	46	7	15.2
		1,027	236	23.00

FOOD AND DRUGS ACT, 1955.

Of 243 samples of school milk submitted to the Chief Inspector of Weights and Measures, 9 proved not genuine.

ICE CREAM.

The following table shows a considerable increase in the number of samples taken during the year. The standard is generally satisfactory :—

Grade	1956	1955	1954	1953	1952
I (Satisfactory) ...	255	105	115	123	149
II (Satisfactory) ...	30	27	13	62	53
III (Doubtful) ...	3	4	3	12	43
IV (Unsatisfactory) ...	2	4	1	2	13
	<hr/> 290 <hr/>	<hr/> 140 <hr/>	<hr/> 132 <hr/>	<hr/> 199 <hr/>	<hr/> 258 <hr/>

Most of the ice cream sold in the county is pre-packed and manufactured at large ice cream factories. It is well known that the standard of hygiene at these factories is very high.

HOUSING AND SANITARY COMPLAINTS.

The following table gives details of complaints received and investigated, the majority relating to housing matters :—

Housing—

Tuberculosis cases	...	...	...	...	11
Overcrowding	...	...	...	...	7
Old or registered blind persons requiring ground floor accommodation	...	...	...	...	16
Insanitary premises	...	...	...	...	16
Defective premises	...	...	...	...	17
					—67
Refuse ...	...	...	...	...	6
Drainage ...	...	...	...	...	13
Nuisances by animals	...	...	...	...	6
					<hr/> 92 <hr/>

NEW HOUSING.

The following table shows the number of new permanent dwellings completed in the post-war period and during the current year, and is taken from the quarterly Housing Returns of the Ministry of Housing and Local Government :—

Total permanent dwellings completed in 1956 and total completed to date in the post-war period for the Administrative County of Norfolk.

Housing Authority Area	Housing Authorities and Housing Associations.		Private Builders		Totals	
	During 1956	Total to 31/12/56	During 1956	Total to 31/12/56	During 1956	To 31/12/56
MUNICIPAL BOROUGHs—						
King's Lynn ...	155	1,294	49	261	204	1,555
Thetford ...	18	288	7	40	25	328
URBAN DISTRICTS—						
Cromer ...	10	144	7	49	17	193
Diss ...	—	229	4	51	4	280
Downham Market ...	38	137	3	25	41	162
East Dereham ...	21	365	19	118	40	483
Hunstanton ...	—	149	14	88	14	237
North Walsham ...	14	296	9	95	23	391
Sheringham ...	12	129	7	76	19	205
Swaffham ...	14	224	4	46	18	270
Wells-next-the-Sea ...	4	128	1	19	5	147
Wymondham ...	14	308	7	102	21	410
RURAL DISTRICTS—						
Blofield & Flegg ...	36	601	294	1,256	330	1,857
Depwade ...	16	838	30	195	46	1,033
Docking ...	24	428	27	197	51	625
Downham ...	28	698	30	231	58	929
Erpingham ...	—	576	31	270	31	846
Forehoe & Henstead ...	62	756	163	884	225	1,640
Freebridge Lynn ...	24	462	47	232	71	694
Loddon ...	18	500	33	176	51	676
Marshland ...	35	502	31	263	66	765
Mitford & Launditch ...	24	498	23	182	47	680
St. Faith's & Aylsham ...	47	996	412	1,557	459	2,553
Smallburgh ...	22	576	39	233	61	809
Swaffham ...	70	622	22	108	92	730
Walsingham ...	89	615	27	177	116	792
Wayland ...	21	633	33	194	54	827
TOTALS ...	816	12,992	1,373	7,125	2,189	20,117

INFANT METHAEMOGLOBINAEMIA.

The policy of examining water supplies from wells used for infant feeding to determine their nitrate content was continued. To save expense, the bulk of the examinations were carried out in the office and, generally speaking, it was necessary to submit to the public analyst only those borderline specimens requiring more detailed examination.

Nearly half of the existing supplies were considered unsatisfactory for infant feeding and, where necessary, investigations were made and parents advised to use nearby satisfactory alternative supplies for their infants' needs.

The following table illustrates the work done :—

Number of initial samples submitted by the Norfolk County Nursing Association	745
Number of examinations carried out in office ...	958
Number of samples sent to public analyst for a more detailed examination	221
Number of children cyanosed	2*
Number of supplies classified as satisfactory ...	386
Number of supplies classified as unsatisfactory ...	359

*Both infants recovered but it was necessary for one to be admitted to hospital.

FOOD INSPECTION.

During the year, some 300 inspections of foodstuffs were made at school canteens and although, as a result, some foodstuffs were disposed of as being unfit for human consumption, there was only once instance of action against a trader being considered. Head teachers and persons having charge of the canteens continued their excellent co-operation with my officers. With the introduction of the Food Hygiene Regulations, improvements are being made to bring the canteens to the required standard.

In addition to the food inspections carried out at school canteens, some 37 "spot check" inspections of foodstuffs at county homes and children's homes were made. The service and advice given has been appreciated at these establishments and in two instances unsatisfactory meat deliveries were investigated and suitable action taken with the butchers concerned.

BROADS AREA.

Although there is room for continued improvement, some progress was made during the year towards overcoming the nuisance caused by indiscriminate deposits of refuse along the river banks. Increasing propaganda, the display of suitable notices and improvements in the collection services should considerably reduce the nuisance in the coming year.

XVIII. MISCELLANEOUS.

REGISTRATION OF NURSING HOMES.

	Number of Homes	Number of beds provided for:—		
		Maternity	Others	Totals
Homes first registered during year ...	—	—	—	—
Homes on the register at the end of year	22	55	270	325

LABORATORY FACILITIES.

The Medical Research Council provides facilities at the Public Health Laboratory, Norwich, for the examination of specimens submitted by general medical practitioners for the diagnosis of infectious diseases, together with a smaller number sent by the Council's medical staff in connection with the prevention and control of infectious diseases and examination of staff.

The Norwich laboratory examined the following samples submitted by the sanitary staff of the County Council and by the public health inspectors of the county district councils :—

Samples submitted by the county sanitary staff.

Milk (biological examination)	...	...	1,843
Milk (methylene blue examination)	...	...	1,369
Milk (phosphatase examination)	...	...	1,116
Water (bacteriological examination)	...	...	20

Samples submitted by district public health inspectors.

Ice cream (methylene blue examination)	...	290
Water (bacteriological examination)	...	1,521
Sewage effluents, etc.	...	22

Other samples, which were submitted by the county sanitary staff, were examined as follows :—

BY PUBLIC ANALYST.

Water samples—chemical examination.

Maternity and child welfare—nitrates	...	221
Schools	...	2
Police houses	...	1

Bacteriological examination.

Schools	...	2
Police houses	...	1

Liquid milk supplies.

Phosphatase test	...	1
------------------	-----	---

<i>Other examinations</i>	...	4
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MEDICAL EXAMINATIONS.

The following examinations were made by the medical staff of the Health Department :—

222 examinations for superannuation purposes.

199 examinations of candidates for teachers' training colleges and entrants to the teaching profession, under the terms of Ministry of Education circulars 248 and 249.

160 examinations of school canteen workers (non-superannuable).

In addition, medical advice was given in cases of County Council employees who were no longer considered capable of discharging their duties and on whose behalf application was made for early retirement on pension.

